

# apple

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## Dental dangers

What you don't know about your teeth could kill you

## Middle-aged moms

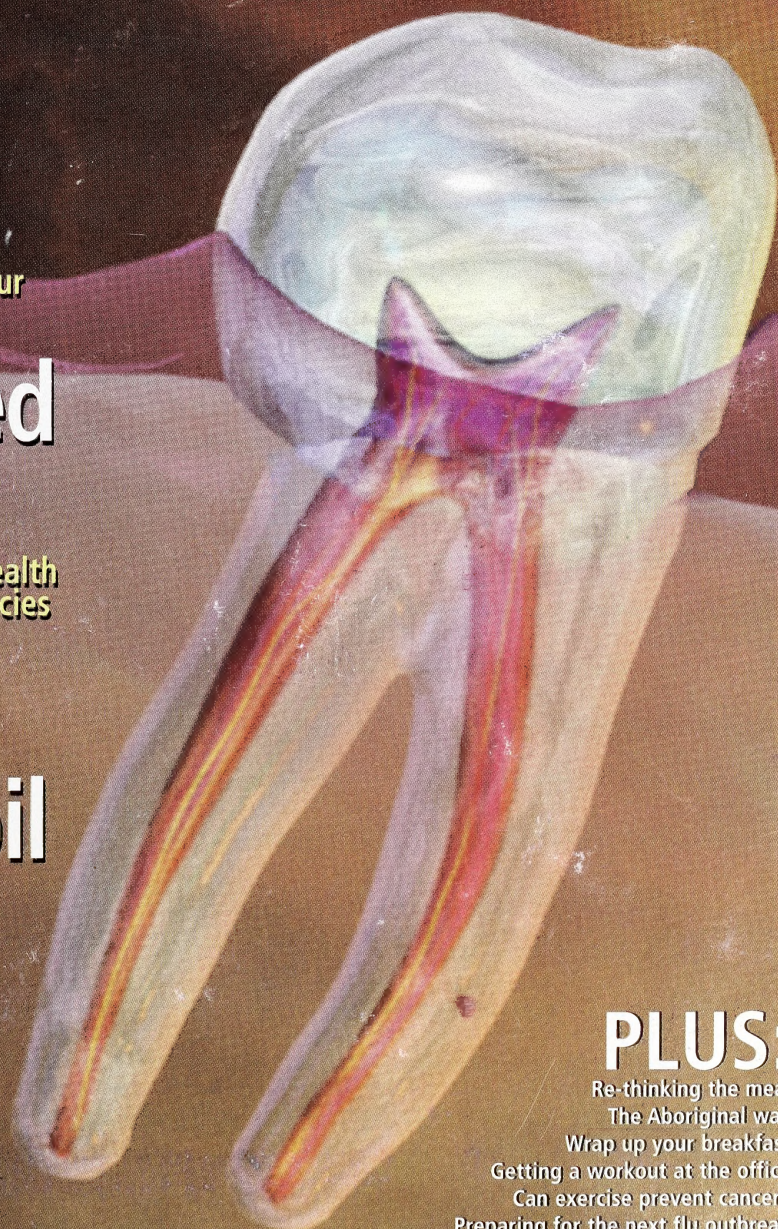
A frank discussion about the health challenges of later-life pregnancies

Also

What every expectant mom (and dad) needs to know about giving birth

## Teen turmoil

A parent's guide to the trying times of adolescence



## PLUS:

Re-thinking the meal

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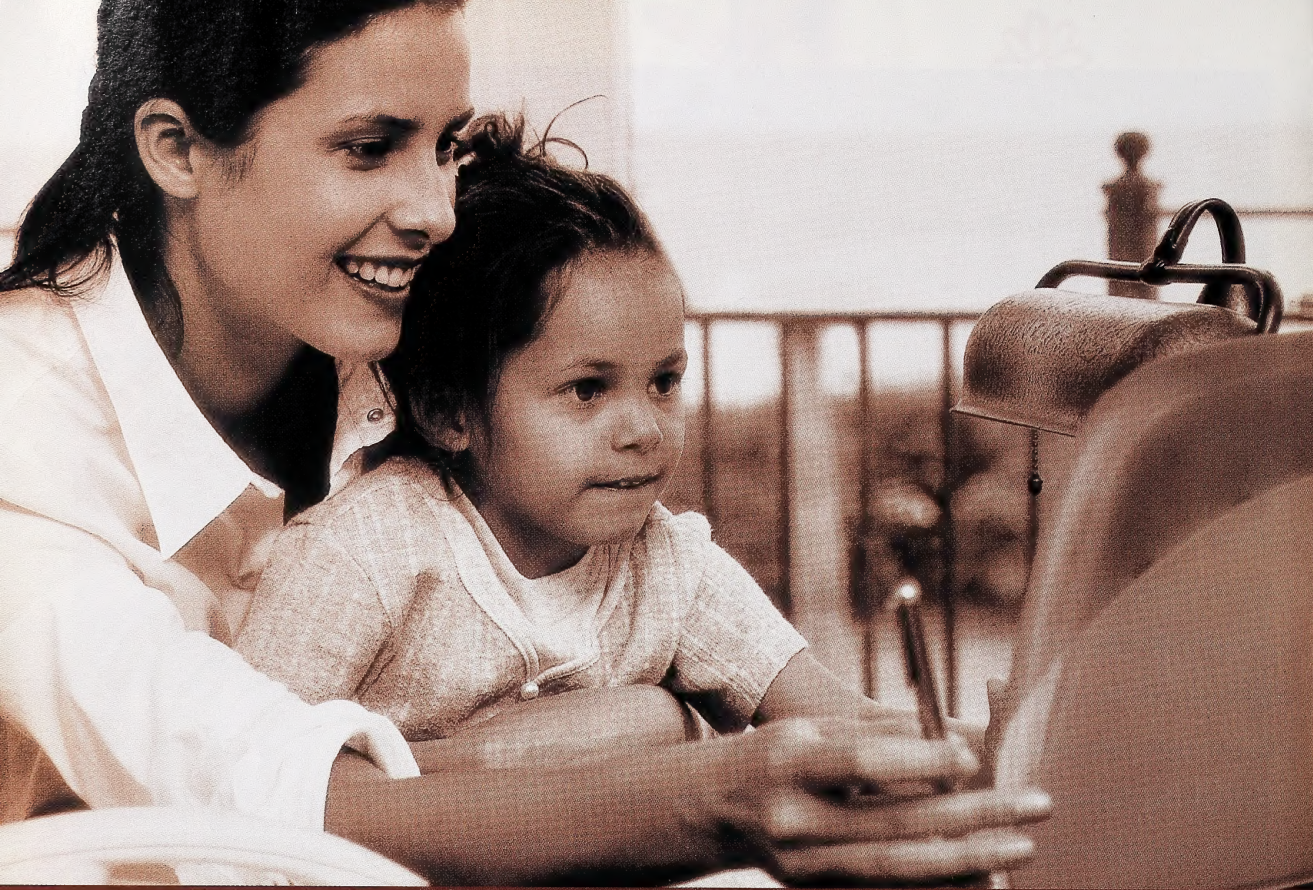
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# apple

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## The New Face of Medical Aesthetics

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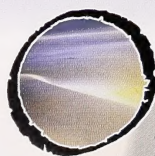
skin  
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### Newborn Skin

The next frontier in face cream: products that contain human growth factors (hormones involved in healing skin). In a preliminary study of 15 subjects, San Diego dermatologist Richard Fitzpatrick examined the effects of a topical cream that has as its key ingredient Nouricel M.D., a combination of human growth factors engineered from human foreskin. He discovered that the cream regenerated collagen five times faster than Retin A (without irritation or redness). Biopsies showed a 37 percent increase in collagen and a 25 percent increase in skin thickness, says Fitzpatrick, who expects a larger double blind study to bear out these results. The active ingredients will go into a product called Nouricel M.D. The Cream will be produced by SkinMedica. -Allure, May 2001

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A LETTER FROM  
THE CALGARY HEALTH REGION  
DR. WENDY TINK

## Springtime inspires sense of renewal

With spring just around the corner, one can almost feel a sense of energy and optimism in the air. As in nature, the return of longer, warmer days inspires in us a sense of renewal. January may be the time of year traditionally reserved for reflection, but it is only with the arrival of spring that our minds truly turn to thoughts of new beginnings.

Just how can this year be different? How can we build on last year's successes and know and respond to all the information out there about nutrition, wellness, exercise and reducing our risk of cancer, without feeling overwhelmed or just plain guilty? And how do you manage when you're a working pregnant mom later in life... older and wiser and doubly interested in doing what's best for baby and mom, maybe while supporting aging parents at the same time? Yep! It's a struggle to juggle sometimes, a point underscored in writer Sydney Sharpe's story about middle-aged moms on page 16.

As a family physician of 18 years, one of a family of four including two teenagers (not counting the chameleon Bengal, the nameless anole lizard and the two lovable and slightly obedient dogs), I have had the gift of being a part of countless other families' lives. I can attest to the power of humour, optimism and the support of family and friends.

It seems that more than ever before life is hectic and the stakes can be high.

Here are my thoughts on new beginnings: We are all better parents, siblings, friends or grandparents when we are rested and healthy. Take the time to look after your own health. When did you last have a checkup at the dentist's office? On

page 8 of this issue of *Apple*, writer Geoffrey Vanderburg explores why these visits can be helpful in identifying potentially life-threatening illnesses, such as heart disease, stroke and diabetes. You will also find some handy tips for brushing and flossing your teeth.

Do you get enough sleep so you feel refreshed in the morning? Do you build exercise into your daily routine, like taking the stairs instead of the elevator wherever you go? Fitness columnist Helen Vanderburg explains on page 36 how you can incorporate a little activity into your workday even if you find yourself riding a desk for most of the day.

Can you avoid the "super size" and fast foods in exchange for a healthier (and more energetic) you? Could you consider fruit and nuts instead of a chocolate bar for a pick me up that really lasts? On page 26, writer Carey Millar explains why many Canadians are beginning to re-think their relationship with food and why that's important. And don't forget to look up Calgary Health Region nutritionist Susan Howell's ideas for that most important of meals – breakfast. Her column appears on page 34.

These are just some of the stories and columns you will find in this issue of *Apple* magazine. Check them out. Dimes to dollars you will be more effective (and happier) at what you do (in less time) with a little up front investment in you. Have fun reading the articles. Take advantage of the numerous reliable health information resources (new interpretive services) in the Region: phone Calgary Health Link at 943-5465 or toll free at 1-866-408-5465, or visit [www.calgary-healthregion.ca](http://www.calgary-healthregion.ca). Talk to a pharmacist, nurse or physician. We are all in this together.

And for those with teenagers (those young people we love and worry about so much), my impression is we can never have enough skills to support teens and help ourselves find the balance between guiding and letting go. You can find a primer on what you need to know about the adolescent years on page 14. I'm turning to that section first!

Dr. Wendy Tink is Clinical Head, Department of Family Medicine, Calgary Health Region.



## Letters to the Editor:

### Inspirational story

Thank you for your story of the "accidental hero" concerning Norm Dueck and his broken neck. A courageous man to have to face life thinking he would never walk again and to lose most of his independence.

Despite all of those terrible thoughts, he began thinking of other people with spinal cord injuries less fortunate than himself, and then goes on to express gratitude to the hospital staff for their compassion and care that helped him through the tough times. My family admires him for his courage not to give up.

The story has inspired me and the family to express our thanks to the surgical staff and the rehabilitation staff for all their help and encouragement for my daughter, Dorothy Little. It was a dreadful shock to be told that she was paralyzed from the waist down after a spinal operation. Of course there were tears and much anxiety, but after a while she was determined to do all that she could with help from the staff. After several months, she was able to try to lead a normal life at home and she has persevered, doing so much good for her elderly mother and the rest of the family. We do unite with Norm Dueck in thanking the hospital staff for all their care.

Irene Tozer,  
Calgary

### Don't pick on the cowboy

I was amazed to see this writer using the word "cowboy" in such a derogatory manner in *Apple*, Calgary's health and wellness magazine. To describe a snake oil salesman or any other confidence trickster as a cowboy is an insult to every genuine cowboy in Alberta. To find such comparisons in a magazine published in Calgary is almost beyond belief. I was born and brought up in Scotland and have no connection with any ranchers, but I have been in Alberta long enough to be proud of this province's ranching history and the hard working cowboys and ranchers who help to feed all Canadians.

Bill Shanks,  
Calgary

### Corrections:

A caption identifying a woman in a photograph accompanying a story about Aboriginal health programs in the Calgary Health Region was incorrect. The woman in the photograph was Christine Little Chief.

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# Dental dangers

Everyone knows that poor dental care can lead to yellow teeth and bad breath. Now, researchers are warning that it may actually kill you, too

BY GEOFFREY VANDERBURG

**W**hat you don't know about your teeth could come back to bite you.

Heart disease. Stroke. Chronic respiratory disease. Pneumonia. Diabetes. Pre-term, low-birth-weight babies. Evidence is mounting that bacteria seeping into the bloodstream from periodontal disease or inflammation of the gums could be at the root of a host of afflictions.

"It's not a surprise to us that the mouth is connected to the rest of the body," says Dr. Trey L. Petty, Regional Division Chief, Dentistry & Oral Medicine, Calgary Health Region. "Those of us working in health care see the day-to-day effects of all these people coming in with poor general health directly related to their poor oral health."

Long after the split between medicine and dentistry, attributed to Frenchman Pierre Fauchard's classic treatise on dentistry in 1728, *Le Chirurgien dentiste*, the link between the two fields of science is becoming increasingly clear. "It seems like they've always been separated," Dr. Petty says. "But the reality is that now we're starting to realize that there is a connection between the health of the mouth and the rest of the body's health."

Dr. Petty describes the mouth as a fragile, dynamic microbiologic ecosystem of six billion microbes that is easily upset by poor dental hygiene or tobacco use.

"There are sometimes things we do to ourselves that upset the delicate balance of what is going on in our mouths," Dr. Petty says. "When people aren't looking after things, minor infections start setting in."

When the sterile barrier between the mouth and the body is compromised, Dr. Petty says more than 400 different species of bacteria or microbes normally living in the mouth can enter the body. "I don't want to make it sound gross, but this is the second most contaminated part of the body," Dr. Petty says. "Whether it's a direct effect of these microbes getting into our blood system, our lymphatic system, or some of the side effects of the



## A national study of Canadians aged 36 to 69 years found that people with severe gum disease had between three and seven times the risk of fatal heart disease.

microbes – some of the different toxins that these microbes produce – this is wreaking havoc in other parts of our body?”

The potential complications are many. Dr. Petty says recent research suggests keeping teeth and gums healthy may lessen the risk of heart disease. A national study of Canadians aged 36 to 69 years found that people with severe gum disease had between three and seven times the risk of fatal heart disease. The germs that cause gum disease may also block arteries and lead to stroke. People with existing lung problems, weak immune systems, and the elderly are at higher risk of getting a chronic respiratory disease or lung infection from breathing in bacteria from the mouth. Gum infections have been linked to aspiration pneumonia, a type of pneumonia that develops when people breathe food or other contents from the mouth down into the lungs. Gum disease can make diabetes worse by making blood sugar harder to control. People with diabetes may have trouble getting gum disease to heal. And gum disease could be linked to the risk of pre-term, low-birthweight babies. One study suggested that women with severe gum disease had more than seven times the risk of pre-term, low-birthweight deliveries. Dr. Petty says researchers are working hard to find out more about these connections.

In the meantime, Dr. Petty says people should heed the warning signs for periodontal disease. “The warning signs of this going on are when our gums start to bleed, when our gums start to swell up, when things are hurting, we’ve got persistent bad breath, we start noticing spaces between our teeth, our gums are receding, our teeth seem to be getting longer... these are all warning signs that some of these bad things are starting to happen.”

But Dr. Petty says the warning signs often come too late because chronic disease doesn’t cause pain. “A lot of people have the attitude of, ‘I don’t go to a dentist because nothing hurts,’” he says. “While we’re not going so far as to say gum disease is the silent killer, like they talk about high blood pressure, by the time something starts

hurting in your mouth, it often can be too late to do much about it; the best bet is to have an oral examination on a regular basis, so that any problems can be stopped while they are still relatively simple to remedy.”

Dr. Luke Shwart, Manager, Community Oral Health Services, Calgary Health Region, says regular, preventive dental care can keep oral health in tip-top shape and prevent small problems from becoming big ones.

Although more research has to be done to confirm a causal relationship between oral health and maladies such as heart disease, Dr. Shwart says enough of a link has been established between poor oral health and pneumonia and pre-term, low-birthweight babies that prevention is essential. The main message is that you cannot separate oral health from general health, he says. “If you don’t have good oral health, you’re not truly going to be generally healthy. There are all kinds of consequences,” Dr. Shwart says.

Dr. Marie-Claude Cholette, Dental Clinic Director, Alberta Children’s Hospital, and Regional Division Head for Pediatric Dentistry, says pre-

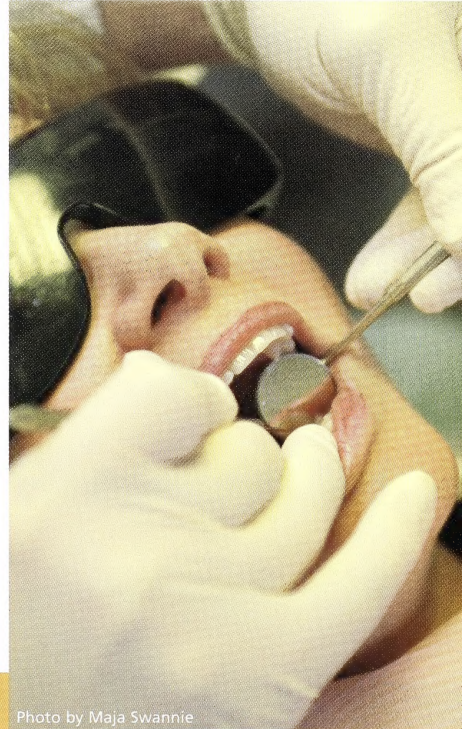


Photo by Maja Swannie

### Dental health tips

- **Maintain good oral hygiene.** Brush your teeth and tongue twice a day and always before you go to bed. If you brush your teeth well, you will remove plaque and bacteria that cause cavities and gum disease.
- **Floss daily.** If you don’t floss, you are missing more than one-third of your tooth surface.
- **Eat a well-balanced diet.** Healthy food is good for your general health and your oral health. Without the nutrients that come from foods, your teeth and gums cannot fight cavities and gum disease. Avoid excess sugar.
- **Start prevention early.** Children should see their family dentist by age one for prevention, nutrition and hygiene information.
- **Check your gums regularly.** Look for warning signs of gum disease, such as red, shiny, puffy, sore or sensitive gums; bleeding when you brush or floss; or bad breath that won’t go away.
- **Don’t smoke.** Tobacco use is a major cause of tooth loss through gum disease and may lead to serious problems like oral cancer.
- **See your dentist regularly.** Regular checkups and professional cleanings are the best way to prevent problems from getting worse. Don’t wait until pain sets in.

- Calgary Health Region



**"While we're not going so far as to say gum disease is the silent killer...by the time something starts hurting in your mouth, it often can be too late to do much about it..."**

hygiene and good health."

Calgarian Joe Pierzchalski, 52, says he's trying to make up now for neglecting his teeth in his youth. He says his parents lacked the information and financial resources to ensure Pierzchalski and his siblings received proper preventive dental care. "When we were growing up, you either filled it or occasionally you pulled it," he says. "Sweets were a high priority in the diet as well."

Pierzchalski says his parents weren't diligent about ensuring his teeth were brushed after he enjoyed the homemade Polish donuts and sweet cakes that characterized his home. "Sometimes you just wouldn't brush until you had a reason to brush — you were going out or whatever," he says.

Pierzchalski says he has gum degeneration and "many, many, many" cavities and caps as a result. Now that he has the financial means and realizes the importance of paying attention to oral health, he goes to the dentist four times a year for fluoride and cleaning, in part to reduce the likelihood of "all sorts of possible infections."

"I've never had my teeth corrected for cosmetic reasons," Pierzchalski says. "I'm certainly concerned about the health aspect; I'm not as concerned as many people about having that perfect smile."

Pierzchalski says he recognizes that "everything we do to our bodies has an effect" and that it's essential to pay attention to oral hygiene. "My dad had a great set of false teeth. He did OK by them. But I knew that I wanted not to have to go to a point where I was getting false teeth. I thought, I can afford to take care of my teeth. My only advice is that prevention is obviously less expensive (than treatment) in the long run," Pierzchalski says.

*Geoffrey Vanderburg is a communications advisor with the Calgary Health Region.*

Dr. Trey Petty at work at the Foothills Medical Centre Oral Medicine Clinic

vention starts early. "Poor oral and dental health at a very young age can impact on the overall well-being of the child," she says. "Dental pain will affect sleeping habits, it will affect eating habits, it will affect the mood, and ultimately, if those are impacted, it can impact the child's development and growth."

Dr. Cholette says dentists like to see children in the first year of life, in part to talk to parents about the importance of nutrition, hygiene and fluoride. "We like to have prevention and good oral health habits at a young age," she says. "People can build from that and build up to be adults that have good



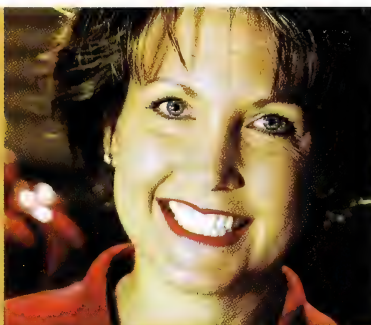
Dr. Marie-Claude Cholette with patient Ryan Cull.



## How to brush your teeth

Regular, thorough brushing is a very important step in preventing tooth decay and gum disease. Brushing removes the bacteria that promote tooth decay and the plaque that can cause gum disease. Ideally, you should brush after every meal, because the bacterial attack on teeth begins minutes after eating. At the very least, brush once a day and always before you go to bed. Brushing your teeth isn't complicated, but there is a right and a wrong way. Here are some tips:

- Brush at a 45 degree angle to your teeth. Direct the bristles to where your gums and teeth meet. Use a gentle, circular, massaging motion, up and down. Don't scrub. Gums that recede visibly are often a result of years of brushing too hard.
- Clean every surface of every tooth. The chewing surface, the cheek side and the tongue side.
- Don't rush your brush. A thorough brushing should take at least two to three minutes. Try timing yourself.
- Change your usual brushing pattern. Most people brush their teeth the same way all the time. That means they miss the same spots all the time. Try reversing your usual pattern.
- Use a soft brush with rounded bristles. The right toothbrush cleans better. Choose a size and shape that allows you to reach all the way to your back teeth. There are many different types of brushes, so ask your dentist to suggest the best one for you. CDA recommends you replace your toothbrush every three months.
- You can use an electric toothbrush if it helps motivate you. However, studies show that electronic brushes are no more effective than hand brushes.



## How to floss your teeth

Flossing removes plaque and bacteria that you cannot reach with your toothbrush. If you don't floss, you are missing more than one-third of your tooth surface. Plaque is the main cause of gum disease. It is an invisible bacterial film that develops on your teeth every day. Within 24 to 36 hours, plaque hardens into tartar (also called calculus) which is much more difficult to remove. Floss at least once a day so that plaque never gets the chance to harden into tartar. Getting into the habit of daily flossing is easier when you floss while doing something else like watching TV or listening to music.

1. Take a length of floss equal to the distance from your hand to your shoulder. Wrap it around your index and middle fingers, leaving about two inches between your hands.
2. Slide the floss between your teeth and wrap it into a "C" shape around the base of the tooth and gently under the gumline. Wipe the tooth from base to tip two or three times.
3. Be sure to floss both sides of every tooth. Don't forget the backs of your last molars. Go to a new section of the floss as it wears and picks up particles.
4. Brush your teeth after you floss — it is a more effective method of preventing tooth decay and gum disease.

- Canadian Dental Association



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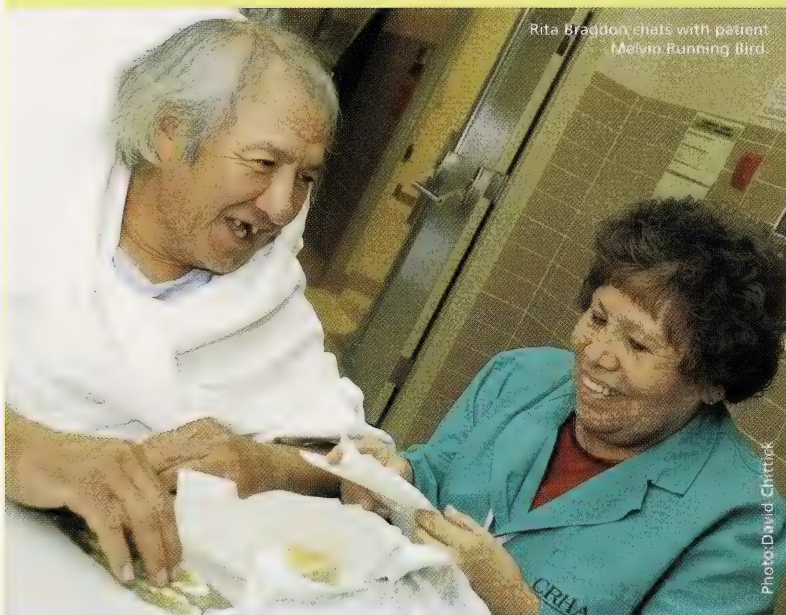
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Canadian Dental Association: [www.cda-adc.ca/](http://www.cda-adc.ca/)





# Prayers answered

Elder Rita Bragdon offers Aboriginal patients encouragement, empathy and homemade bannock

BY VERONICA SCOTT

**E**xcept for her green smock, it's easy to overlook Elder Rita Bragdon in the busy corridors of the Foothills Medical Centre. She's a shy, unassuming woman, who moves quietly in and out of patient rooms delivering her own powerful brand of medicine.

A grandmother and member of the Dakota Nation, Bragdon listens and dispenses words of encouragement, empathy – and on occasion homemade bannock to many of the hospital's Aboriginal patients. For most, she is a lifeline, a most welcomed visitor in a hectic and sometimes lonely environment.

"As I got older I felt a need to reconnect with my

people," Bragdon explains. Newly retired from her secretarial job with an oil company, Bragdon explored several volunteer opportunities in the community but felt a strong pull toward the Foothills. "Something told me I needed to be here."

"Rita is the answer to my prayers, she is a god-send," laughs Eileen McRae, Aboriginal Hospital Liaison for the Foothills Medical Centre. McRae is

one of four hospital liaisons managed by the Social Work Department. Her job is to make sure Aboriginal patients and their families get the resources and information they need to manoeuvre comfortably through the health-care system. McRae facilitates spiritual ceremonies including Sweet Grass (in accordance with Regional policies) and arranges visits from Elders. She also works closely with an Aboriginal chaplain who is fluent in the Blackfoot language. All aspects of Aboriginal health in the Region are grounded in the Seven Sacred Teachings: respect, wisdom, love, honesty, humility, truth and bravery.

McRae and Bragdon met three years ago. "I had a request from a family for an Aboriginal volunteer to visit. Unfortunately, I had no one to call on." Then the phone rang and Bragdon offered her services." Since then Bragdon has visited hundreds of Aboriginal patients.

"People need to be connected with their own people and the Aboriginal people place great importance on family. We think of and watch over each other, that is our way," says Bragdon. This strong cultural value applies to all aspects of life including health and personal well-being she notes. Emotional, spiritual and mental health are every bit as important as physical wellness; everything comes together in a healing circle.

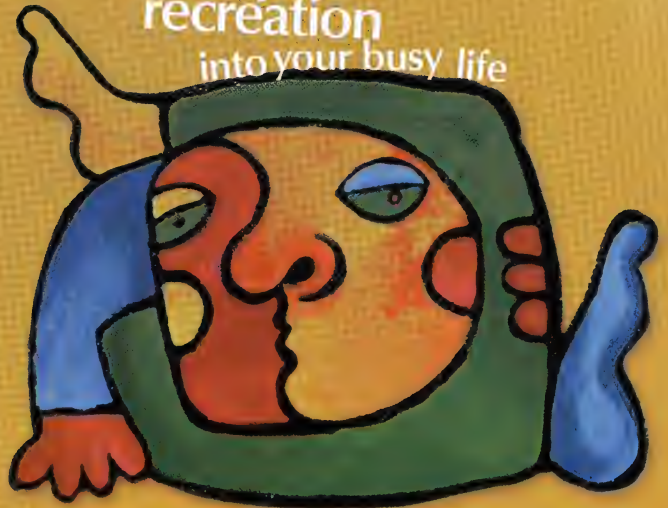
In her years at the Foothills, Bragdon has established many long-term friendships, particularly with auxiliary and dialysis patients. Her conversations are often rooted in common life experiences and a shared history. "It's so interesting to look back on things that have happened in our lives; where we've lived and what we've done, even the way our parents did things. We laugh a lot." Whether she's visiting a homeless patient or a bed-ridden senior, Bragdon's visits are unconditional; she neither judges nor probes for information. "I am very careful to keep things private from one person to another." When life ends, Bragdon and McRae make every effort to attend funerals together.

Bragdon's native language is Dakota, which is similar to the Stoney language. "Some people are surprised, they can't believe I understand their language," she notes. "They open up and tell me stories. But you know, they give me so much wisdom and knowledge that I benefit as well. I have to say, it's enjoyable and richly rewarding, I've even learned to crochet from one of the patients and another painted my picture."

*Veronica Scott is a senior communications advisor with the Calgary Health Region.*



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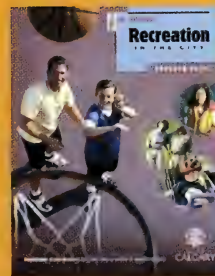
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# Teens in transition

Raging hormones and a desire for independence can lead to risky behaviour and familial conflict. What's a parent to do?

BY DEREK SANKEY

**I**t feels like it happened overnight. The daughter who once took pride in getting high marks no longer sees the value of academic excellence. The son who wouldn't think of disappointing his mother or father suddenly decides it would be cool to go for a ride.

At 4 a.m.

In a stolen car.

With a case of beer in the back seat.

Adolescence is an important turning point in life, a time when hormones are raging and the quest for personal identity begins. But it is also a time when the desire to push boundaries can lead to poor choices and bad outcomes. More than anything else, it is a time when the relationship between parents and kids meets

its greatest test.

Luanne Nixon, a family therapist with the Calgary Health Region's Adolescent Day Treatment Program, understands the tumult and the tragedies that can flow from the risky behaviour associated with teen years. When children enter adolescence around age 12, they will begin to flex their muscle and push limits. Whether it's seeing how far or how fast they can jump a ramp on a skateboard, or whether it's sneaking a drink

from Dad's liquor cabinet, teenagers are prone to try new things – like it or not. “Kids are always going to push the envelope to some degree, so it's all about how to provide the safety net while giving them some freedom,” says Nixon. “It's about developing judgment and we learn that by experience.”

Coping with the sheer intensity of their emotions can be one of the most difficult tasks to accomplish for teens, adds Nixon. “They often act out their feelings because they don't know how to express their feelings and identify them.” Things can easily spiral out of control while those new feelings, freedoms and responsibilities are explored. Statistics show that more teens die from motor vehicle collisions, other injuries and suicide than all other causes combined. In 1997, for instance, 60 per cent of teen deaths were the result of injuries, 45 per cent of those were from motor vehicle collisions and 20 per cent from suicide, according to the Alberta Centre for Injury Control and Research.

One of the toughest obstacles teenagers face is a feeling of alienation. As a result of hormonal changes and the onset of puberty, they may feel more socially awkward and anxious, with a heightened awareness of what others are thinking about them. For girls especially, that can ultimately lead to eating disorders when combined with self esteem and body image issues.

Carrie Bon Bernard, Co-ordinator of Mental



Health Promotion with the Calgary Health Region, says reinforcing negative stereotypes of teenagers only serves to increase the stigma, and doesn't recognize their unique problems. "Youth feel that they have a message and that they, too, can actively contribute to community and society. We need to be able to build on that," says Bon Bernard. "To engage them in a positive way is going to have much more influence over their lives than breaking down the particular risks and coming at it from a negative perspective."

Teenagers have a plethora of issues to deal with around relationships with their peers. "Every teen is thinking about and has contact

need. A youth program co-ordinator at the Distress Centre in Calgary, Cope has also staffed the phone lines as a volunteer. Many of the calls involve drugs, alcohol, pregnancy, friendships, sexuality, depression, and self esteem. "I think one of the most important things is to not judge the youth," says Cope, advising parents to simply lend an ear. "Maybe all the talking and advice that parents give is great, and kids need to hear it, but (the parents) need to do a lot of listening, too, no matter what the kid has done."

Cope points out that when a 14-year-old boy tells his parents that he is gay or is already having sex, their reaction can have a profound and lasting effect on his self-esteem, identity, or

**"Every kid is thinking about, and has had contact with, smoking, sexual activity, eating disorder stuff – they get the whole gamut at school."**

with a variety of peers who engage in any of the following – smoking, alcohol/drug abuse, sexual activity, sexual identity issues, depression, self-harm activities, eating disorders – they are exposed to a huge gamut of issues at school," says Paula Horky, a registered nurse and Clinical Development Manager with the Region's Adolescent Health Network.

Marijuana and cocaine are the two most common drugs now used among high-school students and schools have the daunting task of creating a safe place for youth to learn amidst a growing problem of bullying. "Some of the bullying leads to kids feeling so isolated and so hopeless – even though they talk to their parents about the issue – that they consider suicide," says Horky. "In the worst case scenario, unfortunately, this has resulted in the teen taking his or her life."

Help and support, therefore, can literally make the difference between life and death, especially when it comes to matters such as sexual identity and orientation, a source of torment for some teenagers. Since the vast majority of teen deaths are preventable, experts say it is important for parents to understand their role in protecting youth and know where to get help. While there are no easy answers, parents have more resources available to them to help keep their children safe and healthy. The Internet, for instance, provides access to a wide variety of support services, networking groups and information.

While still young herself, Jessica Cope, 19, is one adolescent who has had a lot of experience in this regard and is helping her peers get the support and information they

body image. "The parent has to be willing to maybe hear some things that they're not that comfortable with," advises Cope. "If parents want to talk to their kids about birth control and stuff like that, parents need to put their own values aside and not judge them."

Bon Bernard says parents are wise to be on top of changes their children are experiencing and give them the tools they need to handle them. By educating themselves about issues, prevention and forming a close bond with their children when they are young, it increases their chance of getting them through those troubling teenage years, she adds. "Parents do have a critical role in this and a powerful influence over how youth develop, but we also really need to look at the community influences and the environment as well," Bon Bernard points out. A family's socio-economic background, education, as well as the media and school environment all play a part in adolescent development.

Horky says it can be hard for harried parents, some of whom are working two or even three jobs between them just to make ends meet, to commit the time to be there for their teenagers. They, too, need support – and it's out there.

Cope says having a place for youth to turn to, such as the Distress Centre, helps to provide a platform for education. She is also encouraged by the increased willingness of health-related organizations to work together on this. "There's more networking between different agencies in relation to youth, which makes a big difference when you have all of them on the same page," says Cope. "There's tons more information out there."

*Derek Sankey is a Calgary writer.*

## Youth and parenting resources available in Calgary:

### • Calgary Health Region:

[www.calgaryhealthregion.ca/hecomm](http://www.calgaryhealthregion.ca/hecomm)  
[www.lifelongmentalhealth.com](http://www.lifelongmentalhealth.com)

The Calgary Health Region's Lifelong Mental Health Management series of books provides information on the following topics related to adolescents:

Healthy Body Image  
 Building an Identity  
 Coping with Puberty  
 Depression  
 Early Psychosis  
 Managing Self Esteem  
 Peer Groups and Pressure  
 Risk Behaviours  
 Sexual Orientation  
 Smart Risk-taking  
 Teen Stress

(See [www.lifelongmentalhealth.com](http://www.lifelongmentalhealth.com) for complete series):

### Other Resources

- HealthLink: (403) 943-LINK [5465]
- Mental Health Information and Options Line: (403) 943-1500
- Adolescent Day Treatment Program: (403) 802-2265
- Suicide Crisis Line: (403) 777-2200
- Kids' Help Line: (403) 253-6639
- Parent Help Line (Parent Development Centre): (403) 265-1117
- Distress Centre, Teen Line: (403) 264-8336





Tiffany Fasnidge with  
her baby

Photo by Maja Swannie

# Middle-aged moms

Are women overestimating the power of medicine in planning pregnancies? A frank discussion about the joys and challenges of having a child later in life

BY SYDNEY SHARPE



Famed pop artist Roy Lichtenstein once drew a cartoon caricature of a blond wailing, "I can't believe I forgot to have children."

That wasn't true in 1971 and it isn't today. No woman forgets to have children, but a growing number wait a long while to start, often into their 40s.

There's the career to establish and that takes years. There's the financial security and that takes even longer. Most important, there's the relationship to test and try. That could take forever. Some women who've met the first two criteria, and wait in vain for the third, head down to the sperm bank and try their middle-age luck.

While modern medicine and technology have helped women plan later-life pregnancies, there are also a number of serious challenges associated with being a middle-aged mom. Women who wait later in life to become pregnant may find their dreams dashed. Infertility and miscarriage increase as do incidences of Down syndrome and other chromosomal abnormalities. Any pre-existing condition such as hypertension or diabetes will likely get worse. Simply put, technology has yet to find a way to turn back the hands of the biological clock.

Kathleen Mahoney offers an interesting perspective on middle-aged moms. A young mother when Lichtenstein painted his comic-book blond, she had the first of her five children at age 19 and the last at 39, while creating along the way a brilliant career as a lawyer and human rights activist. She can understand why more women are waiting to have the first child.

"Women are more conscious of their own potential of what they can achieve," she says. "Young women want kids but don't want to forgo the opportunity to have a career. They wait because what you have to do to succeed in a career is quite demanding. They can't see doing that and being successful. And then

there's the cost."

Women are told that they must have a worthwhile career, yet in certain professions there's a marked hostility to those on the baby-track. Career women often have to park the role of mom at home.

"Women still face huge discrimination, but they are survivors, and not stupid," Mahoney adds. "It's too bad. There is something to be said for raising children when young."

Dr. Janet Northcott is a family physician who had her two children before she reached 30. She strongly believes that women should strive to fin-

**"Young women want kids but don't want to forgo the opportunity to have a career. They wait because what you have to do to succeed in a career is quite demanding."**

ish their child-bearing by 35. Yet she also realizes the challenges women face as they're just starting their careers and working towards financial stability.

"If you're going to have kids early, you must make a sacrifice. Society ignores that," she says. "It's very difficult and anyone who thinks that their career will continue just as it did when they didn't have kids is either hallucinating or is a terrible parent."

Dr. Northcott realizes that older mothers are often better prepared and have elaborate support systems. That can quickly lead to a false sense of medical security, as over-preparation turns into a sense that everything is under control.

"Obstetrics offends people who are used to control. They have to go with the flow, except for caesareans" – which Dr. Northcott points out increase dramatically for the older mother, especially if she's having her first child. "These older moms are making plans as if they're shopping for a mortgage. They don't understand that the fun-



Dr. Janet Northcott

Photo by Meja Swannia



damental process isn't in our control."

The goal is a healthy mom and baby, but no one can predict the outcome before labour begins. With modern medicine and technology, infant and maternal mortality rates are far lower than they were a century ago. But Dr. Northcott calls these mortality rates artificial, noting that the natural mortality rate of the species is much higher.

"The social and medical situations aren't in touch with each other," she says in reference to the aforementioned health issues associated with later-life pregnancies. "After 35, a woman's fertility starts to drop, and by 40 it's so significantly low that the fertility clinic won't do it due to a very low success rate. At the age of 35, the risk of a baby with chromosomal abnormalities is one in 200. It's one in 40 at the age of 40. The whole genetic screening that amniocentesis provides has a miscarriage risk of one in 200. It's not a free lunch. By and large people over estimate the power of medicine. They think tests are risk free. People are out of touch with reality. And they're very angry when they discover the truth."

Dr. Marie Walsh was 32 when she gave birth to her daughter, and feels she was much better prepared to manage motherhood than a younger woman, although considerably more fatigued. As the Regional Director of Obstetrics at the Calgary Health Region's Department of Family Medicine, Dr. Walsh, with her eight partners, also delivers about 120 babies a year at the Rockyview General Hospital. She finds younger mothers have a lot more energy.

"They bounce back and look terrific. The pregnancy isn't as hard, they aren't as tired, they recover quicker and manage the nights better. Also their own mothers are younger and able to help them a lot," she says.

Dana Campbell, a group co-ordinator at the Calgary Counselling Centre, had her first daughter when she was 24, and her second at 35. While her first pregnancy resulted in a caesarean birth, she quickly regained her strength and within three weeks had become super-mom. Her second pregnancy, 10 years later, was just the opposite, even though she had a natural birth.

"I felt almost as if I was starting over again in the new parent department. My energy was extremely low. I had sleep deprivation, physical complications and needed surgery. I had gained 97 pounds and was drained," she says.

Campbell wanted to be home with her girls so she changed her career. She took courses that enhanced her family life and opened a private day home. "My awareness and ultimately my goals were noticeably different than when I was

younger."

Tiffany Fassnidge didn't think she ever wanted children. Besides, she was infertile – or so she believed. At 30, she felt more pressure to have a relationship and, later, wouldn't have considered getting pregnant if her husband hadn't wanted children. Both are in the Navy arm of the Canadian Armed Forces, and Fassnidge is doing her practicum at the Calgary Counselling Centre for her master of social work.

"My first pregnancy (at 33) was pretty easy. With my second one (at 35), I had a problem with loose joints and a bad back. None of my deliveries went well," says an understated Fassnidge who needed an emergency caesarean with her first. Her second caesarean saw the anesthetic leave her body before her baby did.

"I was probably one of those ignorant women who thought they could have children when 40. Well, not many can. I worry about that myth. It's perpetuating a hoax that isn't realistic," she says. "I also have friends who have gone through fertility treatments and it's not nice."

While Fassnidge feels fortunate for her family and for a career that also provides good benefits, she agrees with Mahoney that the workforce is not conducive to women who have children. "It's almost as if society wants you to stop being a woman because you're a mother," she says, and then adds: "I feel very blessed. Childbirth was traumatic but I wouldn't trade it for the world."

As doctors see more middle-aged women becoming mothers, Dr. Northcott notes that this trend over the last 30 years is significant in North America and Europe. The biological clock ticks louder as women age, and many of these prospective mothers believe they can outwit nature. Kathleen Mahoney isn't surprised.

"More single women who've never married are having babies. It's like this year my project will be a baby, without even finding the father," she says.

## **"If you're going to have kids early, you must make a sacrifice. Society ignores that."**

"When women are older, they usually have more money and that's a big part of it. In the past, women didn't have the self-support to sustain this. Now that's easily possible. It's also quite conceivable to have a child on your own. There's not the kind of stigma of our parents' generation."

Like Dana Campbell, Mahoney understands the dramatic differences to the body and mind of a mother who becomes pregnant when she is young versus one who's middle-aged. The ability

to cope emerges as the mysteries slowly dissolve.

"When I was 19, having my first child, my whole world was ahead of me," she says. "Who was I? Am I going to be successful? Can I cope? All those are partially resolved when the last child came along at 39."

Mahoney's attitudes changed alongside each child. With her first one, she was "madly coping" with her child's needs as well as her own. She read all the books and monitored everything, convinced that this baby was going to be the absolute best. With her next child, she began to relax, and chucked the mental juggling act. As her stress subsided, her confidence grew.

"With my last child, I felt that as long as everything was intact physically and mentally, then the world would unfold as it should."

In the beginning, Mahoney would race around the city, enrolling her children in all the imaginable lessons. She learned the futility of filling up children's timetables with alien agendas, and began to leave more room for spontaneity. Now she worries about over-programming kids.

"Some of the older moms obsess. It's almost as if they're having a project as opposed to a child. If you wait until 40, you learn to do so many things well, like structuring and planning. But when it comes to kids, you can't force that. Older moms with kids can be more structured and overly cautious and focused... Some of these moms have already budgeted for their first child's private schooling and put them on day care lists. I would have flown to the moon before thinking of that."

Dr. Walsh notices more women abandoning the high-powered career and staying home once they've had their second child. It's much easier to return to work after one child. With the second child, the pace can't be sustained unless the career – unlike the children – is flexible.

"They think they have more control than any-

body has," adds Dr. Northcott. "I bring up plans of having kids with young married women every year. Medically speaking, plan to be done by 35, but lots of people start later and get away with it."

Kay Best did. The Senior Vice-President and Chief Financial Officer for the Calgary Health Region gave birth to her son at 38 and her daughter at 43. She loved being pregnant, there



were no complications and everything went smoothly.

Best hadn't consciously decided to wait, but by the time her career had pressed forward, "time just flew by." She went back to work after 12

who had physical complications are passionately grateful for their family. "No matter when you have them, they're wonderful," adds Best. "There's lots of knowledge we have around health and wellness. I wouldn't have done anything different.

**"These older moms are making plans as if they're shopping for a mortgage. They don't understand that the fundamental process isn't in our control."**

weeks, while her husband stayed home with their son. When their daughter was born, Best brought her to work, after just six weeks. The firm where she was a partner as a chartered accountant was also understanding.

"Some clients were delighted. Everyone was quite supportive," she says. "We needed to signal that it was okay to be a partner and a mother. Not everybody can do that. They don't have the flexibility and autonomy, or an office where they can feed the baby."

Best also thanks her husband Gord, an architect, who stays home with the children. "He made my ability to work a lot easier. I don't have to worry. We both felt that one parent should be home with the child. Gord thought he'd take three months out and now it's 12 years later."

All the women who had their children in middle-age consider themselves fortunate. Even those

I think I have been really lucky."

Dr. Northcott certainly agrees, but draws this cautionary analogy:

"It's like driving to Vancouver. You have a choice – to drive in July or February. It's more of a challenge in February. As for doctors, we're the highway department, but we remember that we have no control over the weather."

*Sydney Sharpe is a best-selling author working on her fifth book. She is president of the communications firm, Sharpe Strategies.*

## Thinking about getting pregnant?

- Talk with your care provider and have a physical before you get pregnant
- Have appropriate care for any health concerns (like anemia, high blood pressure, HIV or diabetes)
- Make positive lifestyle choices (and have your partner join you!)
- Eat well and take folic acid supplement (0.4mg) every day before pregnancy
- Avoid smoking, alcohol and drug use
- Assess your worklife and plan ahead for changes that reduce your risk of pre-term birth
- Change or reduce your workload if you are standing long hours
- When you are pregnant plan to stop work or reduce your workload in the third trimester
- Build in stress reducing activities like walking, swimming, yoga or biking

### When you're pregnant over 35

- Have early and regular prenatal care
- Be ready to ask your questions about tests and how they will impact your care
- Take a folic acid supplement (0.4 mg) every day throughout your pregnancy
- Get ready for birth and parenting by taking prenatal classes with your partner or labour support
- Make healthy lifestyle choices: exercise, reduce your stress and avoid smoking, alcohol and drugs



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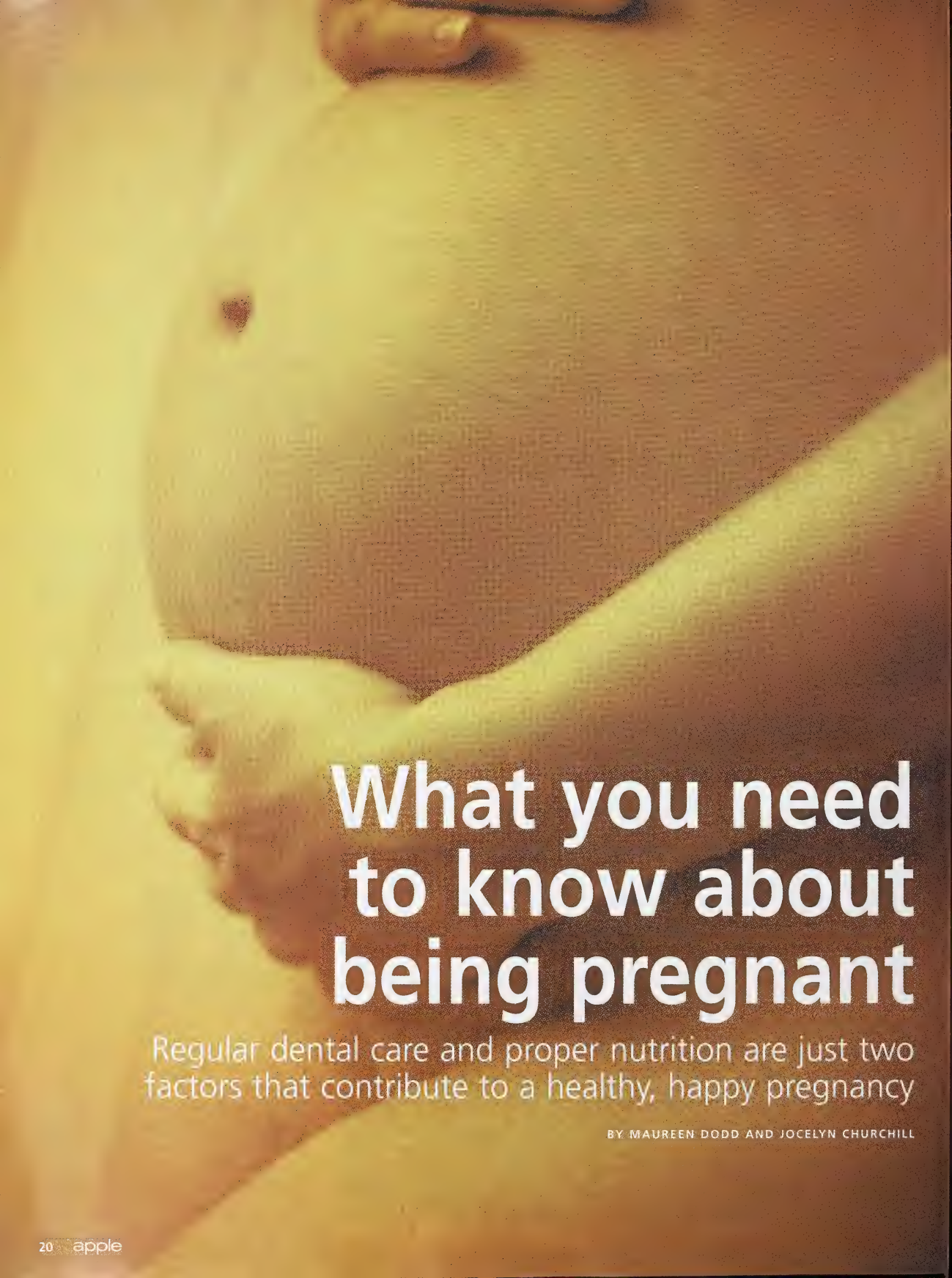
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# What you need to know about being pregnant

Regular dental care and proper nutrition are just two factors that contribute to a healthy, happy pregnancy

BY MAUREEN DODD AND JOCELYN CHURCHILL



## "I'm pregnant - now what?"

It's a common question, says Donna Wallace, Manager of the Calgary Health Region's Perinatal Education Program. Women want to know how to take care of themselves and to have a healthy baby. Partners want to know how they can help the expectant mother and how the pregnancy will affect them.

"Early and regular prenatal care is key to a healthy pregnancy and a healthy baby," adds Wallace. "Women need to start early to find a physician or midwife who will care for them during their pregnancy, birth and after their baby is born."

Expectant mothers also need accurate information. "Women and their partners are hungry for current information about pregnancy and birth," says Michele Hannay, who teaches the free early pregnancy classes for the Calgary Health Region. "With so many sources of information available, they come to classes to learn more and to clarify what they may have heard or read," she says. "We do a lot of myth-busting."

For example, many people are not aware of the importance of regular dental care in pregnancy. Daily brushing and flossing, and regular dental visits reduce the risk of pre-term birth. Hannay finds that women want to know what's normal and what's not normal in pregnancy. They enjoy hearing that they are not the only ones experiencing common discomforts, and appreciate the tips on coping with them. "It's also important that women recognize when something isn't right," continues Hannay. Knowing when to call the doctor, and signs of pre-term labour, are crucial.

Women need to eat well to gain weight in preg-

nancy. A 1996 survey of Calgary women showed that women knew it was important to eat well, but didn't realize the importance of gaining weight. Pregnancy is often a time when women look at their lifestyle and make healthy changes. Avoiding alcohol and drugs, reducing or quitting smoking and making regular exercise a part of their routine are some of the healthy choices that start in pregnancy.

Attending an early pregnancy class gives expectant mothers and their partners more information about having a healthy pregnancy. "Excellent class - lots of good topics discussed and a lot of my questions were answered," is a comment frequently heard by educators. Partners learn a lot, too. The class normalizes the conflicting emotions that both women and their partners may have in early pregnancy.

So back to the question: "I'm pregnant - now what?" Take care of yourself, learn as much as you can, ask questions, and get ready to be launched into the exciting and challenging adventure that is parenthood.

*Maureen Dodd and Jocelyn Churchill are perinatal education co-ordinators with the Calgary Health Region.*

### What mothers need to know

- Visit your doctor for early and regular prenatal care.
- Take a folic acid supplement of 0.4 mg daily.
- Learn about what's normal and when to call your doctor.
- Make healthy lifestyle choices.
- Calgary Health Region offers free early pregnancy classes. Try to attend in your first trimester.

### What fathers need to know

- Your health is important, too. Reduce or quit smoking, avoid alcohol and drugs. See your doctor for regular checkups.
- Excitement and uncertainty about becoming a father is normal. Talk about it.
- Connect with your unborn baby: are in ultrasound, read or sing to the baby.
- Attend prenatal classes with your partner.
- When the baby is born you and your partner both become parents at the same time! New Dad, New Mom, New Family.

## Resources for Pregnant Women

Call HealthLink (943-5465 or toll free at 1-866-408-5465) for health information.

**FROM HERE THROUGH MATERNITY - A RESOURCE FOR FAMILIES**  
Available to pregnant women through doctors' offices and Perinatal Education classes.

**EXPECTING TO QUIT - a free class series for pregnant and new mothers who would like to reduce or stop smoking.** Call 781-1450 to register.

**PERINATAL EDUCATION - prenatal, childbirth and parenting classes.** Call 781-1450.

## Myths and facts

**Myth:** You can expect to lose a tooth with every pregnancy.

**Fact:** Brush and floss to keep teeth and gums healthy. Gum disease increases the risk of pre-term birth.

**Myth:** The baby gets what it needs even if the mother doesn't gain weight.

**Fact:** Women need to gain 25 to 35 pounds to have a healthy baby. Teens and women carrying twins or triplets will need to gain more.

**Myth:** If you put your arms above your head the umbilical cord will wrap around the baby's neck.

**Fact:** Baby's umbilical cord moves with the baby and doesn't relate to the position of the mother's arms.

**Myth:** If you have a lot of heartburn in pregnancy your baby will be born with a lot of hair.

**Fact:** Baby's hair is a gift from the parents, not mother's heartburn.

**Myth:** Labour is easier if you have a small baby.

**Fact:** Labour is hard work no matter the size of the baby. Small babies (under five pounds) are more likely to have health problems.

**Myth:** Babies are born on their due date.

**Fact:** Less than five per cent of babies are born on their due date.

**Myth:** You can tell the sex of your baby by the heart rate.

**Fact:** Baby's heart rate, usually between 120 and 160, depends on how active they are when the heart rate is being counted.

**Myth:** If you get pregnant when your feet are facing north, you'll have a boy.

**Fact:** If you get pregnant you'll have a boy or a girl.

**Myth:** Babies slow down their activity before they are born.

**Fact:** Babies are always active. If your baby is less active, see a doctor.

**Myth:** It's too stressful on the baby to quit smoking when you're pregnant.

**Fact:** Quit or reduce smoking when you are pregnant to help your baby grow, lower your risk of preterm birth and lower your baby's risk of SIDS.



Check out the Calgary Health Region's maternity videos at [www.calgary-healthregion.ca](http://www.calgary-healthregion.ca)

[www.birthishandbabies.com](http://www.birthishandbabies.com)

To find a doctor: [www.calgaryhealthregion.ca](http://www.calgaryhealthregion.ca) (Click on MDlink)



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Photo by Paul Rotzing



Mildred Cowan (left) shares a morning coffee with Inez Nielsen.

# No place like home

Family atmosphere sets the tone for suburban personal care home

BY VERONICA SCOTT

When they can't sleep at night, Inez Nielson, 82, and Mildred Cowan, 91, talk.

First, Cowan goes to the kitchen for some milk and returns to Nielsen's room where they settle in for an hour or two of reminiscing. Best friends, they chat about the common fabric of their lives, particularly farm life in Manitoba. They recall childhood games, quitting school to care for their sick mothers, endless domestic chores and, later, caring for husbands and children. "We didn't have much back then, but we sure had some good times. I remember laughing a lot," recalls Nielsen.

While Cowan depends on a walker and a portable oxygen tank, both women are fiercely independent and determined to make their own decisions for as long as possible. As such, they've chosen to live in a personal care home licensed by the Calgary Health Region's Home Care program. The home they live in is owned and operated by Cathy Kennedy, a retired personal care attendant who opened her doors several years ago. Kennedy is one

of 17 licensed care home owners in the Region.

Personal Care Homes are an option for people with chronic illnesses who would rather live in a private home than a care centre. Nielsen and Cowan's home is in northeast Calgary, a wheelchair ramp is the only distinguishing feature from any other bungalow in the neighbourhood. It's warm and inviting, with family photographs, a fireplace and lace curtains on the kitchen windows.

The women share Kennedy's home with one other resident as well as Josie Tabon, a full-time personal care attendant. Each has her own bedroom and full run of the house. Barbara Bell, Community Care Co-ordinator, visits the home regularly and heads up a team of health-care professionals who visit as needed. She also ensures the home meets Regional licensing standards and that residents receive good nutrition and are well cared for.

"We feel safe living here. It's a good home and we wouldn't be here if it weren't for Cathy and that little sweetheart Josie," smiles Cowan. "We're a family, we have good food and good care, and that's about everything anyone could ask for at our age."

**For more information about Calgary Health Region licensed Personal Care Homes please call Community Care Access at 943-1920**

Cowan and Nielsen load heaps of praise on Kennedy and Tabon. While they have the comfort and security of nursing and rehabilitative staff if needed, it's the warmth and inclusive atmosphere of their home that means the most.

"This isn't something I'm ever going to get rich at, it's a labour of love more than anything," Kennedy says. These people mean the world to me, I've found my niche in life," she says.

Both Cowan and Nielsen play an active role in household decisions and planning their own care. They choose what and when to eat as well as what they'll do for the day. "I love to bake, in fact I can lose myself baking," Nielsen said. Her whipped cream baking powder biscuits, cookies, squares and loaves are a big hit in the house. An avid gardener, she's looking forward to starting a herb garden in the summer. Cowan jokes that she'll sit on the deck and supervise.

While Cowan can no longer perform magic in the kitchen, she's as sharp as a tack, cracking crossword puzzles and visiting with her children, grandchildren and a host of friends, most of whom are much younger than she. Cowan's daughter, in fact, lives four blocks away, while Nielsen's sister lives in another of Kennedy's personal care homes. On Sundays, Kennedy accompanies Cowan and her family to church.

"Everybody needs to feel they have a role in life, I've seen so many people like Mildred and Inez blossom in homes like this," notes Bell. Nielsen arrived at the home last November bruised from a fall in hospital and in low spirits from recent deaths in her family. "Since I've been here I'm a different person," she says.

Unlike a larger facility, there is no formal routine and smaller numbers mean it's much easier to meet individual needs and personal preferences. Bell cautions, however, that while personal care homes are ideal for people like Cowan and Nielsen, they are not for everyone. "Some people prefer to live in a care centre, while others need a higher level of care that can't be met in a private home."

*Veronica Scott is a senior communications advisor with the Calgary Health Region.*



**Calgary Health Region: [www.calgary-healthregion.ca](http://www.calgary-healthregion.ca) (Search personal care homes)**





Dr. Christine Friedenreich chats with ALPHA Trial participant Beth Chatten.

Photo: University of Calgary

dence that there's an association between physical activity and a reduced risk of colon cancer, and also of breast cancer," Dr. Friedenreich says. According to the research, the risk reduction for colon cancer is about 40 to 50 per cent, in both men and in women. For breast cancer, it's about 30 to 40 per cent.

**"We now have convincing evidence that there's an association between physical activity and a reduced risk of colon cancer, and also of breast cancer."**

The research has important implications. Scientists know that being physically active can reduce the risk of heart disease, hypertension, diabetes, osteoporosis, osteoarthritis, to name just a few of the main chronic diseases. And while a few main risk factors for cancer, such as smoking, have been identified, the conventional wisdom has been that there wasn't much many people could do themselves to reduce the risk of developing this disease. Not anymore.

Having established a connection, Dr. Friedenreich is now leading an investigation in Alberta that further examines the question of how physical activity reduces the risk of breast cancer. The goal is to develop better exercise guidelines for women, and explore what options exist to prevent breast cancer. Known as the ALPHA (Alberta Physical Activity and Breast Cancer Prevention) Trial, the study involves providing women with a 12-month exercise program, and measuring the biological changes that occur in a woman's body as a result of exercise during that time.

Women in Calgary and Edmonton have already shown a great deal of interest in the study. "This study is appealing because it enables women to successfully start and stay on an exercise program, and allows them to play a role in advancing breast can-

# Working it out

Calgary researcher Dr. Christine Friedenreich says being physically active reduces the risk of developing cancer

It's long been understood that there are things one can do to reduce the risk of developing certain types of cancer. Eating a well-balanced diet and not smoking are just two examples of lifestyle decisions that can make a difference.

But scientists such as Calgary's Dr. Christine Friedenreich are starting to add a new dimension to the cancer prevention equation. An epidemiologist at the Alberta Cancer Board and adjunct associate professor at the University of Calgary, Dr. Friedenreich is on the cutting edge of research that examines the relationship between exercise and cancer. Her work points to an inescapable conclusion: Getting off the couch and incorporating some activity in your daily routine could save your life.

The evidence can be found in an estimated 170 studies conducted worldwide that have examined some aspect of physical activity and how it is related to cancer risk. "We now have convincing evi-

## Exercising cancer:

Although it is not entirely clear how physical activity reduces cancer risk, there is already sufficient evidence to make public health recommendations on the amount of activity to do to reduce cancer risk. A number of organizations, including the World Health Organization, Health Canada and the Canadian Cancer Society, have developed some guidelines on the amount of activity needed to reduce cancer risk. In general, the recom-

mendations are that activity should be incorporated into daily living wherever possible. To reduce cancer risk, a minimum of 30 minutes of moderate intensity activity done on five days of the week or more would be needed. An example of moderate intensity activity is brisk walking. The more intense the activity, the lower the duration and frequency of the activity needed to have the same beneficial effect.

### Intensity level

Light  
Moderate  
Vigorous

### Examples of activities

Walking, light gardening  
Brisk walking, bicycling, dancing  
Aerobics, jogging, sports, swimming

### Duration/Frequency of exercise

At least 60 minutes every day  
At least 30-60 minutes 5 or more days a week  
At least 30 minutes 4 or more days a week



cer research at the same time," Dr. Friedenreich says.

The ALPHA Trial, funded by the Canadian Breast Cancer Research Alliance, is only the second study of this type in the world, and the first in Canada. Dr. Friedenreich is supported by the Alberta Heritage Foundation for Medical Research and the Canadian Institutes of Health Research.

The study is recruiting 334 women in Calgary and Edmonton who are between 50 and 74 years old, have reached menopause, are not taking hormone replacement therapy, do not have cancer and who do not currently exercise. Women in the study are either enrolled in a 12-month exercise program, or are asked to maintain their usual level of activity for 12 months. The women enrolled in the exercise group will exercise five times each week, assisted by a personal trainer and motivator, who will work closely with each woman to help her meet the exercise goal. The results of the study will be used to help develop guidelines for women on how much and what type of physical activity is needed to reduce their risk of breast cancer. The research takes place over the next two years.

Of course, nothing is certain when it comes to cancer. Dr. Friedenreich cites the living example of Lance Armstrong, five-time Tour de France champion. Seven years ago, he was diagnosed with testicular cancer, despite being far fitter than most people. He has survived to become an inspiration to many.

"Just because you're very athletic doesn't mean you won't develop cancer," Dr. Friedenreich says. Some people, for example, carry a gene that puts them at an increased risk – a factor that can't be changed. But a person can control whether they are physically active. "This is good news for cancer prevention because we are now saying there's a way we can reduce the risk of some of these big cancers," she says.

*Courtesy of the University of Calgary's External Relations Department.*

## The ALPHA Trial:

Dr. Christine Friedenreich is leading an investigation into how physical activity reduces the risk of breast cancer. Women interested in participating should telephone the Study Co-ordinator at (403) 944-8411 or visit [www.alpha-trial.com](http://www.alpha-trial.com)

**Calgary Health Region:**  
[www.calgaryhealthregion.ca](http://www.calgaryhealthregion.ca) (Search cancer)  
**Canadian Cancer Society:**  
[www.cancer.ca](http://www.cancer.ca) (click on risk reduction)

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Canadians are beginning to re-think their relationship with food.



# New meal deal

The nation's growing obesity problem has prompted many Canadians to redefine their relationship with food – so much so that health Websites are now more popular than their pornographic counterparts

BY CAREY MILLAR

*“If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.”*

– Hippocrates

It has been 2,400 years since Hippocrates gave us this recipe for good health. Undoubtedly the “father of medicine” would be astonished to learn that as we ease into the 21st Century, we are only now as a society beginning to truly understand his prophetic words.

Though scientists, physicians and other health care professionals have long subscribed to Hippocrates’ prescription for maintaining good health, society hasn’t exactly followed the doctors’ orders. As a result, we are paying a hefty price. There are now more overweight and obese people in the world than at any time in our history – 300 million



# WHAT WE EAT

Canadians are starting to get the message when it comes to eating healthy. According to Statistics Canada 2002 survey, we have increased the amount of fruits, vegetables and fish we are consuming, but at the same time we are also eating more calories compared with a decade ago.

Fruit:	93 kilograms, up 15 per cent from 1991
Vegetables (including potatoes):	110 kilograms up four per cent from 1991
Fish:	9.9 kilograms per person, up from 8.6 kilograms in 1991
Poultry:	36.6 kilograms, up from 28.3 in 1991
Protein:	109 grams per person, up from 99 grams in 1991
Red Meat:	61.4 kilograms, down from 63.2 kilograms in 1991
Oils and Fats:	31.7 kilograms, up from 23.3 kilograms in 1991
Coffee:	101.9 litres, up from 97.3 in 1991
Cereal products:	89.0 kilograms, up from 71.5 kilograms in 1991
Energy (calories):	Up 18 per cent from 1991

people are obese by conservative estimates, with another 750 million people overweight. In Canada, it is estimated that the proportion of overweight people has jumped to 47 per cent in 2001, compared to about 40 per cent in the early 1970s. This, despite the fact that we know far more than ever about the impact that food and exercise have on our health – and our pocket books. The direct cost of bulging waistlines in terms of health care is pegged at nearly \$2 billion a year in Canada and a whopping \$51 billion in the U.S. Worldwide, obesity accounts for between two and seven per cent of total health care costs.

With obesity nearing epidemic proportions, however, there are signs that change is in the air – if it's not yet a revolution. "I don't think people have generally given much thought to food at all," says Kay Watson-Jarvis, a member of the Calgary Community for the Prevention of Obesity steering committee, a group created by the Calgary Health Region in 2000. "Now, we are starting to see more nutritional information make its way to the consumer," says Watson-Jarvis, a nutritionist by training who is also a manager of outpatient services for child health at the Region. "Add to that increased media attention about food and it's not surprising that some people are starting to look at food in a different light."

Edna Einsiedel, a professor in Communications Studies at the University of Calgary, points to a telling sign that interest in health and wellness has heightened. "Health is now the number one subject that is looked at on the Internet. It's replaced pornography, which was the most viewed material about five years ago," she notes. "That, in part, has translated into consumers starting to demand more and better information from governments and food manufacturers and pushing for changes based on what they are learning."

How our waistlines got to this point is a subject of much debate and finger pointing. South of the border, several lawsuits have been launched, blaming the food industry for our hefty girth. Some food manufacturers have responded by pledging to make

## What you need

Man 5 ft., 8 in., 180 pounds: 2,300 calories; 77 grams of fat  
 Woman 5 ft., 3 in., 140 pounds: 1,800 calories; 60 grams of fat

## What you get:

1,800: Calories contained in a super-size Burger King meal, featuring a Double Whopper with cheese, large fries and a large drink\*  
 35: Grams of fat in the same meal

## Then and now:

1,876: average daily number of calories consumed in 1978  
 2,043: Average daily number of calories consumed in 1995  
 17: Additional number of pounds gained because of the 167 calorie-per-day increase in 1978 to 1995

*\* This meal is low in vitamins and minerals needed for proper growth and good health. As a result, a person would still need to consume more grain products, vegetables, fruits and milk products to meet their daily nutritional requirements.*

changes to portion sizes and cut back on unhealthy ingredients, while others have volleyed the blame back at consumers, claiming individuals bear responsibility for their food and exercise choices. Truth be told, there is no one single culprit for the current state of obesity, rather it is a complex web of causes that, in addition to poor diet and a lack of exercise, also include genetic, socio-economic and

ience and the fast food industry provided that. Now we are re-thinking the outcome of that relationship which began 30 years ago."

One of those outcomes has been bigger portions. While the fast food industry may have started the trend of super-sizing, many food manufacturers and restaurants have followed suit. As a result, consumers are now filling up on

**"We're seeing a new version of political correctness where because of rising obesity rates, especially among kids, and increased media attention, we are starting to look for ways to take action."**

cultural factors.

Einsiedel believes that views on food are starting to change because we are seeing the consequences of decisions made several decades ago. "This is not the first time we've re-thought our relationship to food," she explains. "For instance, the fast food industry didn't happen overnight. It grew out of a change in the way we started to view food. As more women started to enter the workforce, we embraced fast food with gusto because we were looking for conven-

more calories, fat and sugar than they need. "We are slowly starting to understand what we are giving up for convenience and value," says Watson-Jarvis. "The food industry, in large part, has led us to believe we are getting value for our dollar, but when it comes to our health, bigger portions aren't a better value at all, and in fact the opposite is true." Adds Einsiedel: "I think we are at a very important point. Obesity has now been identified as a public health risk, which has led to



increased awareness, changes in certain government policies and regulations, along with more media focus. All of that has caught the attention of the food industry and they are starting to respond by making some changes to their products and services."

In fact, a number of initiatives have been undertaken recently by governments, food manufacturers and other organizations.

They include:

- New federal regulations requiring most Canadian food labels to carry a mandatory Nutrition Facts table by the end of 2005. The table will list calories, fats including both saturated and trans, and 10 other key nutrients;
- A voluntary withdrawal of pop from elementary and middle schools beginning this fall by the soft drink industry in Canada;
- Establishment of The Advanced Foods and Materials Network, which will follow the food chain from the farmer's field to the grocery store in an effort to help Canadians navigate their way towards a healthier diet;
- Launch of the first national study in more than three decades by Statistics Canada to look at the nutritional health of Canadians. As part of the study, 30,000 people will be weighed to get a more accurate view of obesity;
- Introduction of two private members' bills in the House of Commons, one to ban trans fats from foods, the other to require fast food restaurants to list the calories of their menu items.
- Increased manufacturing of organic and non-genetically modified foods due to growing concern among consumers about food safety;
- Pledges by several major food producers, including Kraft Foods Inc., to make their products healthier through measures such as reducing fat and calories, shrinking portion sizes and eliminating trans fats;
- Nutrition and active living campaigns launched by Health Canada and some provinces encouraging people to get healthy; the Heart and Stroke Foundation has also developed the Health Check program to help consumers make good choices at the grocery store; and
- Menu changes at many restaurants to include healthier choices for consumers. Even fast food has gone thin. McDonald's recently launched a campaign to help Canadians become healthier. The company is adding more nutritious choices to its menu, plans to hang posters in all of its restaurants detailing the nutritional content of its food and to encourage people to be more active. The company has banned the phrase "super-size" from its menu, largely as a result of

pressure from Health Canada. The larger portions will still be available, but upon consumers' requests.

While McDonald's has gone the farthest, other fast food outlets have revamped their menus to offer healthier alternatives. They have also started to change the way they market their products to consumers.

"In North America, we have a history of litigation, of holding companies and manufacturers accountable," says Einsiedel. "I think that is a major factor in the behaviour of these outlets. Many of these companies are really trying to make changes that benefit the health of the consumer, but they are not doing it for that reason, they are doing it to mitigate their risks."

While fear of being sued may be prompting the fast food industry and food manufacturers to rethink what they are doing, the fear of obesity is prompting more consumers to act. From gym memberships to diets to extreme measures like surgery, more Canadians are trying to lose weight. Not surprisingly, many companies are rushing in to capitalize on the craze. You can now sip on a low carb beer while eating a high-protein entrée.

"The Atkins diet, for example, has become one of the most popular in a range of low carbohydrate diets, which have been around for a long time," says Watson-Jarvis. "This peak in popularity is certainly related to the obesity issue. People are looking for a quick and easy fix to the problem, but of course there isn't one." While obesity may be a byproduct of cheaper food, it is also a problem resulting from more cars, greater urban sprawl, increased television and video games and less manual labour – all trends that go well beyond diet plans, she adds.

"This is all part of the pendulum swing," notes Einsiedel. "We're seeing a new version of political correctness where, because of rising obesity rates, especially among kids, and increased media attention, we are starting to look for ways to take action."

Watson-Jarvis, says that while individual consumers are re-evaluating their food and exercise habits, there is still not a concerted effort at the community level to demand the kinds of broad changes necessary to solve the obesity issue. "The other factor we have to start addressing at the grassroots level is poverty," adds Einsiedel. "Low income plays a huge role in obesity because it often prevents families from affording higher quality foods like fruits and vegetables. The result is they tend to eat a lot more packaged food that can be higher in calories and fat."

While there is still much work to do, both women are encouraged by the direction. "I'm actually quite surprised about the extent and the

scale of the changes that have occurred in such a short time frame. Hopefully that will translate into a reduction in obesity rates, but regardless I think we're making progress," says Einsiedel.

"It will be interesting to see just how far we actually push the pendulum," adds Watson-Jarvis. "There is certainly a lot of room for us to go before we get the right balance."

Carey Millar is a correspondent  
for [calgaryhealthregion.ca](http://calgaryhealthregion.ca)

## Power of the palate

Here is a list of food advocacy and lobby groups

- Foodshare: [www.foodshare.ca](http://www.foodshare.ca)
- Coalition for Active Living  
[www.activeliving.ca](http://www.activeliving.ca)
- Active Living by Design  
[www.activelivingbydesign.org/](http://www.activelivingbydesign.org/)
- Center for Science and the Public Interest: Health, Nutrition and Diet:  
[www.cspinet.org/nutrition/index.html](http://www.cspinet.org/nutrition/index.html)
- National Institute of Nutrition  
[www.nin.ca](http://www.nin.ca)

### Resources for nutrition and active living

- Calgary Health Region  
[www.calgaryhealthregion.ca](http://www.calgaryhealthregion.ca)
- Alberta Health and Wellness Healthy U  
[www.healthyalberta.com/default2.asp](http://www.healthyalberta.com/default2.asp)
- Canada's Food Guide for Healthy Living:  
[www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food\\_guide\\_rainbow\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html)
- Health Canada Physical Activity Unit  
[www.hc-sc.gc.ca/hppb/fitness/](http://www.hc-sc.gc.ca/hppb/fitness/)
- Canadian Health Network  
[www.canadian-health-network.ca](http://www.canadian-health-network.ca)
- Dietitians of Canada website  
[www.dietitians.ca](http://www.dietitians.ca)
- Healthy Eating is in Store For You  
[www.healthyeatingisinstore.ca](http://www.healthyeatingisinstore.ca)
- Canadian Diabetes Association  
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Do you have a hearing loss? Does someone you know have a hearing loss? Chances are, either you or someone you know experiences some degree of hearing loss.

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Hearing loss develops gradually, over time (as much as 25-30 years), so you may not be aware of your situation, even though family and friends are very much aware of it. Generally, there are no physical warning signs that accompany this condition, so its insidious nature makes it hard to accept.

Take this self-test to determine if you need to see a hearing health professional:

1. Do you "favour" one ear over the other?
2. Are you told that the TV volume is too loud?
3. Do you have difficulty following conversations in groups and noisy places?
4. Do you often ask people to repeat themselves?
5. Is it difficult to hear in church or other situations where you are far away from the speaker?
6. Do family and friends comment on your inability to hear?

If you agreed with one or more of these questions, it may indicate the need to seek a complete hearing evaluation.

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Bill Brooks at his desk at the Calgary Sun

Photo by Paul Rotzinger

# Million dollar man

Bill Brooks has helped raise \$1 million for prostate cancer research since the disease claimed his uncle's life a decade ago

BY FIONA WREN

If there's one thing Bill Brooks understands, it's what makes a good party.

As the society editor for the Calgary Sun, Brooks has eaten his share of rubber chicken dinners and taken in some of the most popular events in Calgary. And as founder and chairman of the annual Bill Brooks Prostate Cancer Benefit, he's seen a growing number of community-minded Calgarians enjoy a great party – and raise money for a worthy cause.

"It's really a pleasure to experience," he says. "You clearly see how philanthropic and how generous Calgarians are. They just get on the bandwagon for worthy causes like there's no tomorrow, which makes it a pleasure to do this. It's a lot of work, but when you see those kind of results, it's all worth it."

The results he's talking about are pretty significant for an event that started as a winemakers' dinner six years ago. "Our first year we netted \$7,000, and we were really happy with that. Last year, year five, we netted \$117,000." This year, the 6th annual event, held at the Hyatt Regency on Jan. 31, raised more than \$150,000. With matching

funds from the Calgary Health Trust, the total is \$300,000, taking the cumulative sum raised to fight prostate cancer to \$1 million.

"For me personally, it's about an increased awareness about prostate cancer," says Brooks.

**"Ten years ago, you never heard about prostate cancer, and when you did, it was 'that's an old man's disease, grandpa had that disease'."**

"Ten years ago, you never heard about prostate cancer, and when you did, it was 'that's an old man's disease, grandpa had that disease'. But it's not an old-man's disease anymore."

The most frequently diagnosed cancer in Canadian males, prostate cancer claims approximately 4,000 men in Canada each year. The Canadian Cancer Society estimates that incidence rates have risen 30 per cent since 1988, most likely because of improved early detection.

Brooks has seen first-hand the impact the disease can have – and the importance of early detection. His uncle, Doug Brooks, died from prostate cancer 10 years ago, in his early 50s. "He knew there was something wrong," says Brooks, "but you

know how guys are – he figured it would just go away if he ignored it. By the time he was diagnosed, the doctors told him he only had about a year to live."

Brooks' message to men over 40 is simple. "Go for your annual checkup, and talk to your doctor about prostate cancer," he says. "There are so many treatments available now for people who are diagnosed with prostate cancer. Once you talk to your doctor, you can make the right decision."

Choosing to support prostate cancer treatment, research and education seemed logical after his family's experience. And he and the volunteers who make the event a success each year are committed to keeping the event new and upbeat from year to year. "We honestly couldn't do it without

the volunteers," he says of the 15-member committee, which for the first time has included a co-chair, Larry Clausen, president of Communication Incorporated. "This year's event has been the easiest ever because of him," says Brooks.

But no matter what the size of the event – and no matter what the theme – one thing remains constant: at the Bill Brooks Prostate Cancer Benefit, having a good time and raising money for a good cause are never mutually exclusive.

Fiona Wren is a Calgary writer.



[www.thetrust.ca](http://www.thetrust.ca)



# A Day in the Life

## 8th & 8th Health Centre

PHOTOGRAPHY BY MAJA SWANNIE



**H**omeless people, young families, business professionals, intravenous drug users, senior citizens, new Canadians ... no other area of Calgary has a population as diverse as the city's downtown core.

And so it's only fitting that the hub of inner-city health care – the Calgary Health Region's 8th & 8th Health Centre – provides a range of services that are as diverse as the population it serves.

"Our mandate is to provide an integrated health service for people who live, work and play downtown," says centre Director Barb LeMarquand-Unich. "We provide, I think, a well-

rounded and diverse service for a very diverse population."

Since 1997, the centre's approximately 25 physicians and 150 full- and part-time staff have been delivering a kaleidoscope of essential health services to meet the needs of their burgeoning inner-city clientele.

These services include 24-hour urgent medical

care, seven day per week mental health services, wound care, home care co-ordination and referral, public health vaccination clinics and public health services, including needle exchange.

About 80 per cent of the 66,000 people who came through 8th & 8th's doors last year were seeking care for urgent medical or mental health problems – everything from workplace injuries, respiratory and cardiac problems, broken bones, depression, flu, asthma, and violence-related injuries.

"People will walk in off the street with stab wounds," relates LeMarquand-Unich, noting 8th



**Top Row**  
**Left to right**

Daniel Aubin from Calgary's Mustard Seed is seen by Dr. Mike Spady at 8th & 8th's Urgent Care Centre.

Violetta Clitheroe with baby Julia.

Mental health workers from left: Cheryl Gardner, manager, Mike Brager, social worker and Suzanne Walsh, family doctor.

Aluk Akec with her mom Martha Maduk and Father Chol Akec at the Public Health Clinic at 8th & 8th.

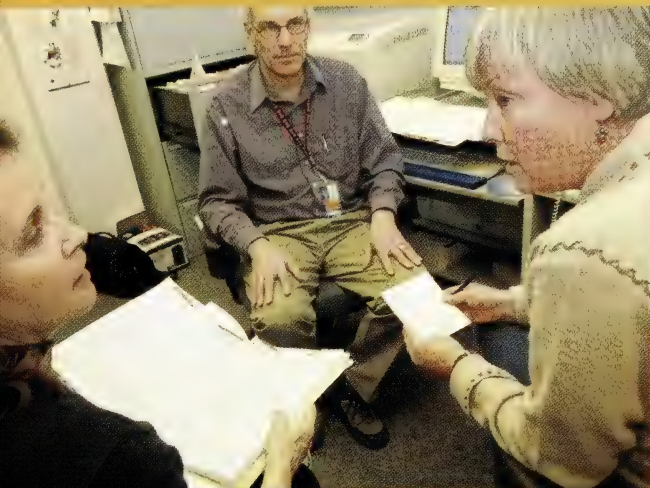
**Bottom Row**  
**Left to right**

Keith Steele with son Adam, seen by registered nurse Jan Varga.

Home Care SWAT (Skin Wound Assessment and Treatment) Clinic: Patient Ralph Zielsdorf and registered nurse Verdella Kattler.

Johannes Juanerito gets measured and vaccinated at the 8th & 8th Public Health Clinic.

Patient Dinah Nicol has an IV removed by registered nurse Michelle Eikerman.



8th is not a trauma centre but still sees its fair share of bar brawl victims. "We will stabilize and transport if there is anything life-threatening."

In keeping with the demographics of the inner city, 8th & 8th works closely with the Southern Alberta Clinic for HIV clients, the Antenatal and Perinatal Education Programs and Best Beginning Program for high-risk young mothers, the STD Clinic and the Methadone Clinic, all of which are located within the 8th & 8th building.

The centre also partners with community agencies like the Calgary Urban Project Society

(CUPS) and Alexandra Community Health Centre to care for the city's homeless population – for example, providing foot care and dental screening at the annual Winter Tune-Up campaign at Fort Calgary.

In another example of community development, centre staff last year responded to a rash of serious skateboard injuries by forming a coalition that worked together to eliminate certain high-risk areas within a downtown skateboard park. The coalition simultaneously launched a campaign encouraging kids to wear wristguards.

LeMarquand-Unich says the fact 8th & 8th has become a model for community-centred care speaks to the dedication, compassion and non-judgmental attitude with which centre staff and physicians carry out their work.

"It works well because the staff at 8th & 8th are very much a team, and I truly mean that. Our security guards are as important here as the doctors who put on the cast."

*Leif Sollid is a communications advisor with the Calgary Health Region.*



Healthy Living  
Nutrition with  
Susan Howell



# Building a better breakfast

Eating the proper morning meal can fuel your body and help you lose weight

**I**t's not just a cliché. Breakfast truly is the most important meal of the day. Depending on what time you ate your last meal or snack, your body may have been fasting for at least nine hours by the time you wake up to a new day. It's crucial to break that fast and fuel your body with healthy nutrition. Just as a car needs gas, your body requires food to boost your brainpower, energize your body, and rev-up your metabolism.

Breakfast is essential to a healthy metabolism. Did you know that sumo wrestlers purposely skip breakfast as part of their stringent meal and training regimen to help achieve their extensive weight gain? Skipping breakfast triggers overeating at other meals as well as a significant drop in metabolism. A common characteristic of overweight individuals is that they skip breakfast. The proof is in the pounds. By eating breakfast you will optimize your metabolism

and help to achieve and maintain a healthy weight.

Two common reasons for missed breakfasts are the lack of time or appetite first thing in the morning. Breakfast doesn't have to be eaten as soon as you awake, nor does it have to be eaten at home. Eating something within two to three hours of waking will still help to get your engine started and peak your performance.

When it comes to breakfast, something is better

than nothing and time is usually of the essence. A glass of milk, a piece of fruit or a slice of bread is better than skipping breakfast altogether. If you're not in the habit of eating breakfast, then start with small steps and pick foods that will be quick, convenient and tasty for you.

Once you've established the habit of eating something, work to build on that foundation to increase nutrition. Try to choose foods with fibre and protein to help satisfy your appetite and man-



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- **Dietitians of Canada Meal Planner:**  
[www.dietitians.ca/english/frames.html](http://www.dietitians.ca/english/frames.html)



age a healthy weight. To increase fibre, choose breads and cereals made with whole grains or wheat bran, fresh or dried fruits and vegetables, nuts, seeds, or legumes. Protein-rich foods include foods from the meat and alternative group (meats, fish, eggs, soy, beans, nuts, seeds) or the milk products group (milk, yogurt, cheese). To design a well-balanced breakfast, aim to choose foods from at least three of the four food groups from Canada's Food Guide to Healthy Eating.

## Here are some fast and tasty ideas:

- Peanut butter on whole grain bread wrapped around a banana
- Breakfast cereals mixed with yogurt and fruit

## Breakfast all wrapped up!

Breakfast comes in all shapes and sizes. One great way to create a healthy and convenient meal is to stuff a pita or roll up a wrap. Choose whole wheat or multigrain wraps and pitas to boost fibre and nutrition. Hot or cold, you can fill your pita or wrap with just about anything your heart desires. Here are some tasty and nutritious ideas:

**P&J:** Spread a wrap with peanut butter and jam then roll up around a peeled banana. Eat it whole or slice into sections for kid-appeal.

**Scrambled:** Scramble 2 eggs with 2 tbsp milk, shredded low fat cheese and veggies (bell peppers, mushrooms, celery, tomatoes, etc.). Roll up in a wrap or stuff a pita.

**Mexican:** Mix canned kidney or black beans with chopped tomatoes, red onion (optional), and shredded light cheese. Optional: dash of taco seasoning or cumin. Roll in a wrap and microwave for ~15 seconds or brown sides in non-stick pan to melt cheese.

**Greek:** Spread a wrap with hummus, layer lean turkey or ham and sprinkle with bruschetta mix (diced tomatoes, red onion, basil, oregano, balsamic vinegar). Roll and enjoy.

**Benedictine:** Layer 1/4 of wrap with 2 poached eggs, 2 low fat cheddar slices & 2 slices lean ham. Sprinkle with ~3 tbsp. low fat hollandaise sauce ( Mix 1/4 cup each low fat mayo and low fat sour cream, 1 tsp prepared mustard, & 2 tsp lemon juice. Heat in pot, stir till warm). Roll and indulge.

**Oldies but goodies:** Stuff a pita or roll a wrap with leftover meats, veggies, sauce, or stir fries for a quick and tasty meal.

- **Cereal trail mix:** Mix cereals with nuts and seeds, dried fruit, and pretzels
- **Scrambled eggs with veggies rolled up in a whole wheat wrap or pita**
- **Low fat cottage cheese topped with fruit and ground flaxseed**
- **Hot oatmeal topped with cinnamon, almonds and low-fat milk**

Be creative. Go beyond the traditional idea of breakfast and think outside the "cereal box." For example, some great ideas for breakfast include left-over pizza, a breakfast burrito, or a yogurt smooth-

ie. The key is finding the foods that work with your lifestyle, taste great and offer some healthy nutrition. There's no time like the present to focus on a healthier lifestyle. Remember that eating is a habitual act and habits take time to form. Small changes can reap big rewards and breakfast is an excellent place to start.

*Susan Howell is a registered dietitian at the Calgary Health Region's Diabetes, Hypertension, and Cholesterol Centre.*

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Photo by David Chittick

# Desk jockey exercise plan

Six tips on how to make your work day a little more active

No matter how ergonomic your workstation may be, the reality is that no one has ever increased their fitness level sitting behind a desk eight hours a day. Desk jockeys feel they have little choice but to drive hard, after all it pays the bills. But that doesn't

mean there aren't ways to break the cycle of work. It isn't easy – the challenge for most people is not having the time followed closely by a lack of direction on what to do when the opportunity presents itself. One trick is to place an alarm on your desk that beeps at you every half an hour. Each time it beeps you have two choices; you can either go for a five-minute walk around the office, or perform the exercise circuit below.

**1** Stand up. This is the first and most difficult step. It takes incredible mental strength to stop what you are doing, push away from the desk, and fight gravity for even just a minute. No matter what exercise you undertake, the benefits of standing outweigh any volume of exercise done sitting at your desk. As easy as it may sound, how many times in a day do you actually take your hands off the computer keyboard and stand up?

**2** The backstroke. Once you are standing, reach up and backwards, simulating the backstroke in swimming. One of the most common postural problems we face with prolonged desk work is rounding of the shoulders and upper back. This exercise forces us to open up through our chest and extend our thoracic spine or upper back. Try taking just five slow strokes with each arm and you'll find immediate improvement in your posture.

**3** High knees. Again, while standing, slowly bring one knee up in front of you and towards your chest. This exercise helps to move your lower back, which can become stiff and rigid from prolonged sitting. One of the most common risk factors for low back injuries is prolonged sitting, so this is both an excellent range of motion exercise as well



as a preventive measure against longer-term problems. Alternate lifting both knees five times each, and you'll find immediate benefit in terms of mobility.

**4** Calf raises. Standing with your hands out for balance, raise and lower yourself by tightening your calf muscles 10 times. This exercise helps facilitate strengthening and increases circulation through your lower leg muscles. If you get to the point that doing calf raises on two legs is easy, then try alternating legs and working each leg individually.

**5** Chair squat. Before you sit back down, cross your arms over your chest and lower yourself down onto your chair. But just before making contact, raise yourself back to a full standing position. Repeat this motion slowly 10 times before actually sitting down again to work. This exercise will help you to strengthen the largest muscles in your body as well as improve your balance and endurance.

**6** Go for a walk. Before you eat lunch every day, take a 10-minute walk. Not only will you feel better after moving around, but you will also enjoy your lunch more knowing that you've already done some exercise. To optimize the benefits of any walk, try taking your pace or walking speed to a level that you'd describe as brisk. Also, remember to use the stairs instead of an elevator when possible.

The level of intensity for all of these exercises depends on your current fitness and activity level. Progress through it gradually and listen to your body. Remember some activity is better than none, while more is better. Start small and increase the amount of time you need to your exercise program. And remember: If you are worried that your co-workers will think you have gone off the deep end, don't. By keeping yourself healthy you will have the last laugh! Have fun.

*Helen Vanderburg, BPE, is co-owner of Heavens Fitness and Fountain Park Clubs.*

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or toll free 1-866-408-5465



## Taking a trip?

### Don't leave home without your shots

**Q.** I will be travelling outside of Canada for the first time and have made an appointment to discuss my medical situation with my physician before I leave. The office said I should bring in a copy of my vaccination records. I thought the only vaccinations I would need are for "tropical" illnesses. Why do they want to know about my regular vaccinations?

**A.** You're right that there may be some special vaccinations that you need depending on where you travel. However, the regular vaccines that people here have the opportunity to receive are not given widely in some countries. Thus, life threatening illnesses such as measles still occur in outbreaks in countries where the population is not protected with the vaccine. Other vaccine preventable illnesses such as tetanus or "lockjaw" are also life threatening to individuals without adequate immunization. Many cases of tetanus occur from simple cuts and lacerations and these sorts of accidents can occur frequently while travelling. If you are not sure about which vaccines you have received, you can call the Community Records Centre during regular business hours at 214-3641.

Immunization against influenza is another important step. The symptoms of influenza can mimic

many other illnesses. During the SARS outbreak it was difficult to distinguish people with influenza from those with SARS or other illnesses that may be caught in an overseas location.

**Q.** My 76 year old mother went in for a checkup and her doctor has told her she has atrial fibrillation. I don't know what this is and, as she lives out of province, going in with her to see her doctor is not possible. Can you tell me what it is?

**A.** Atrial fibrillation is a common heart condition, especially in the elderly. It is often first noticed with symptoms such as fatigue and shortness of breath. The problem is in how the heart is conducting the electrical impulses that control how it beats. Usually the heart beats in a remarkably regular fashion. The electrical messages start in the upper part of the heart called the atrium. They then travel down to the lower chambers of the heart called the ventricles. These electrical impulses give the signal to the four chambers of the heart to contract in a precisely co-ordinated fashion. An electrocardiogram (ECG) measures these electrical signals and is the test used to diagnose atrial fibrillation.

In atrial fibrillation the electrical signals in the top part of the heart are unco-ordinated. So the chambers of the heart do not contract in a regular fashion and the blood is not pushed in the usual way. This leads to the symptoms that your mother describes.

By taking a detailed medical history, listening to your mother's heart and doing an ECG, your mother's doctor has made the diagnosis of atrial fibrillation. This assessment also forms the cornerstone for treatment. Many cases of atrial fibrillation can be converted to a normal heart rhythm by medications. In some situations an electric shock is given to stop the fibrillation and allow the heart to go back to its normal rhythm. In either case careful followup is essential and it is important to encourage your mother to do this even if her symptoms improve.

In addition to relieving symptoms it is important to control atrial fibrillation as it can lead to an increased risk of strokes. Your mother's physician may prescribe "blood thinners" to reduce this risk. Again, it is very important that she have careful followup for this.

**Q.** My six-month-old baby used to have bowel movements two to three times in one day but now only has a bowel movement about every three to four days. Is this normal or is she constipated?

**A.** A change in the stool pattern is common. It may occur as new foods are introduced or as part of normal growth and development. The change can be temporary or in other situations the new pattern becomes the normal one.

True constipation is less common in healthy children, especially those under one year of age. How often your child has a bowel movement is not the only thing to consider when asking if she is

constipated. The frequency of bowel movements varies greatly from child to child. Even children who have bowel movements every day may be constipated. True constipation is the passage of hard, dry and firm stools that are painful and difficult for your child to expel.

Diet will affect bowel habits. Babies whose only food is breast milk typically have four to 10 stools per day in the first month of life. After that, the number of bowel movements will range from one per day to one every 10 days. When your baby starts eating solid foods you may see more frequent bowel movements again. Toddlers and preschoolers usually have one soft stool every one to two days but again this will vary with each child. It is normal for your child to grunt, grimace and strain while passing stool.

Some medications may lead to constipation. When children are ill with the common cold they are sometimes given medications that contain decongestants and antihistamines that may cause constipation. It is best to avoid these sorts of medicines with infants.

When constipation does occur in children less than a year in age it is usually temporary and can be dealt with relatively easily. Babies may experience minor constipation when they are switched from breast milk or modified cow's milk formula to cow's milk. Often adding or increasing the amount of cereal, vegetables and fruit in your baby's diet can resolve this. A source of sugar may be helpful in relieving constipation. Prune, pear or apple juice are good and healthy sources of sugar. Never give babies under one year honey because there is a risk your baby may become ill with botulism. A warm bath may stimulate a bowel movement and this is another step that is worth trying.

True constipation can cause pain in the rectum (bum) and bowel spasm (cramps) that get worse over time if they do not respond to simple measure. If your child is having increasing pain then it is important to see your physician. There are other strategies that may be needed. Nurses at Health Link are available 24 hours a day and are skilled in helping you to develop the best approach for your child.



Do you have a question you would like to ask a nurse? Please e-mail your request to [askanurse@calgaryhealthregion.ca](mailto:askanurse@calgaryhealthregion.ca) or write to: Ask a Nurse, 10101 Southport Road, S.W., Calgary, AB, T2W 3N2.



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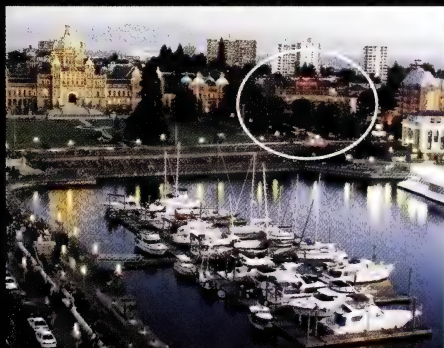
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# Ask a Pharmacist with Curtis Ross



Photo by David Chittick

Here is a quick look at some of the products used to alleviate the symptoms of arthritis

*The following information is provided courtesy of your Calgary Co-op pharmacists. Always check with your pharmacist if you have any questions or concerns regarding your medication and when choosing over-the-counter products.*

## **Q:** What is arthritis? Are there different types?

**A:** More than 100 conditions can be called arthritis. There are two major forms of arthritis. The most common is osteoarthritis (OA), which is caused by a breakdown of the cartilage in the joints. Cartilage is the rubbery connective tissue that protects the ends of the bones from bone to bone contact. Rheumatoid arthritis (RA) is an autoimmune disease that inflames connective tissue in the body. In RA the lining of the joint (synovium) becomes swollen and painful. RA is a very serious disease that should never be self treated. RA has the potential to destroy the functionality of a joint. Prompt and proper medical care is essential.

## **Q:** What natural products are used for arthritis and joint pain?

**A:** The three most common natural products used to treat arthritis are glucosamine, chondroitin, and MSM. There is a bewildering array of

preparations on the market, giving the consumer numerous choices of drug and dosage. There are other heavily promoted products containing substances that claim to "enhance" therapeutic activity. None of these is a "cure" for arthritis.

### **Glucosamine**

Glucosamine is a natural substance produced by the body. It is primarily found in joint cartilage. Glucosamine is thought to play an important role in maintaining joint health and resilience. Patients should discuss use of all herbal/vitamin mineral supplements with their physician. Glucosamine users should give the product at least an eight-week trial before discontinuing use. Glucosamine is used predominantly by older patients with osteoarthritis. Clinical studies cited usually used glucosamine sulfate 1,500mg/day in divided doses. Glucosamine has been studied extensively in recent years for treatment of arthritis. It has been shown to relieve some of the mobility problems of those with osteoarthritis. It is of highly questionable value in

rheumatoid arthritis. Glucosamine may slow the deterioration process by repairing bone and cartilage damage as well as reducing inflammation.

### **Chondroitin**

Chondroitin is a component needed for the body's synthesis of cartilage. Research suggests that chondroitin may also decrease the inflammatory response in the joint. Chondroitin is almost always taken in combination with glucosamine. The usual dose is 1,200mg per day. Research has not shown chondroitin to be superior to glucosamine in regard to symptom relief.

### **MSM**

Methylsulfonylmethane (MSM) is also known as DMSO. MSM is used for chronic pain, primarily due to inflammatory causes. It is safe to use for short-term therapy, 30 days or less. There is not enough information available regarding safety for long-term or topical use. The drug has been given glowing testimonials, but there is insufficient reliable clinical information regarding its effectiveness.

## **Q:** There are so many products on the store shelves, which will give me the most relief?

**A:** Several studies have shown glucosamine can provide some relief when taken in sufficient dosage over at least an eight-week trial period. It has not been proven that glucosamine or chondroitin rebuild cartilage, but there is evidence these products can reduce the pain of osteoarthritis.

## **Q:** Are the glucosamine/chondroitin combinations safe for long-term use?

**A:** Studies suggest that these products are safe to use in the recommended dosages. Long term, large sample studies have yet to be done confirming this. Anecdotal reports suggest the products are safe for long-term use. The optimum dose seems to be 1,500mg per day.

Clinical trials demonstrate glucosamine provides some degree of relief from symptoms for osteoarthritis sufferers. It would appear that glucosamine alone provides more benefit than chondroitin alone. Clinical data on the glucosamine/chondroitin combinations is inconclusive. There are no reliable clinical studies on any other combinations. It is unknown if any of these drugs actually modify arthritis. They appear to be relatively safe, and may provide some symptomatic relief. None of these products provide immediate relief of pain. They should be used only in the recommended dosage. When evaluating any of these products, buyer beware, there is no magic cure!

- David Heggie and Robert Riegel, pharmacists, Calgary Co-operative Association Ltd.



**Q.** The humidifier on my furnace is broken, and I haven't had it fixed yet. Should I get it fixed because of health reasons, or is it just a comfort thing?

**A.** Cold air cannot hold as much moisture as warm air, so in winter, particularly in Calgary, the air is generally very dry. This excessively dry air can lead to stuffy noses, sore throats, earaches, and dry skin. People with allergies (such as pet hair) may find their symptoms are worse with our dry air. A lot of homes have a humidifier as part of the central heating system. These units increase the moisture content in your home and will help you limit some of these problems. As well, if you have a cold, cough or sore throat, you may find the increased humidity beneficial. If your home does not have a central humidifier, you can pick up smaller humidifiers or vaporizers to use in the home. If using a smaller unit, try to place it in a central area of the house so that the whole home is humidified. Because of the moisture levels associated with these units, do not place them on or near furniture, as damage may occur.

**Q.** What is the difference between a humidifier and a vaporizer?

**A.** Humidifiers produce a cool mist in the air, whereas vaporizers produce a warm mist by boiling water. Since a humidifier puts whatever is in the water into the air, it is important that it be kept scrupulously clean. The water in the tank should be changed daily. Otherwise bacteria and mold can grow in the reservoir and subsequently be put into the air, where they can be breathed in and cause health problems. For the same reason, it is best to use purified water (de-ionized, de-mineralized or distilled) in a humidifier. Since vaporizers boil the water creating a steam mist, they may present the risk of burns and therefore should be used carefully around children. One advantage that vaporizers possess over humidifiers is that scented oils such as menthol, peppermint and camphor can be dispersed into the air with them. Though proof is lacking, these agents have been traditionally used to relieve cough and stuffiness.

**Q.** Can you have too much humidity in the home in wintertime?

**A.** Yes. Too much humidity can promote the growth of molds and bacteria in the home. Most central heating humidifiers come with a humidistat (regulator) to set the moisture level in the air. If using a smaller stand-alone unit, it may be a good idea to buy a humidity monitor to measure the levels. Generally you want to make sure the humidity is not higher than 30 per cent to 50 per cent.

- James Allore, pharmacist, Calgary Co-operative Association Ltd.

**Q.** My son brought home a letter from the school nurse indicating an outbreak of head lice. What should I do?

**A.** First, don't be embarrassed. Lice are easily transmitted and can quickly spread through a school or daycare. Being infected with lice is in no way a reflection of your family's hygiene. Check for lice around the hairline at the back of the neck and behind the ears. You must check the entire household, although you need treat only those infected. Lice live on the scalp and lay small eggs (nits) on the hair shaft close to the scalp. After about a week they hatch into gray adult lice that are two to four mm long.

Lice will continue to spread as long as the adult or the nits remain alive on the person or their clothing. If you find nits or adult lice on anyone's scalp, you must treat that member of the family.

Unfortunately, there is no medication that will prevent your child from getting lice. Spend some time with your child, reassuring him that he has done nothing wrong and explain that sharing hats and combs and the like is one of the main ways lice are spread. If someone in your household has lice there are a number of things you can do to prevent the lice from infecting everyone else in the family.

Machine wash all personal belongings in hot water followed by a trip through a hot dryer for at least 20 minutes. Dry-clean articles that cannot be washed. Don't forget the sheets and blankets. Pack up soft toys and pillows into a plastic bag and keep sealed for two weeks. Alternately, the sealed bag can be frozen for 48 hours. Vacuum all rooms,

upholstery and mattresses. Soak combs and brushes for 10 minutes in hot water.

Medicated shampoos and cream rinses that kill both lice and their nits are available from your pharmacist. Have your pharmacist review the product instructions with you. It is important to saturate the hair with the medicated product. If your child's hair is thick and long, an additional bottle may be necessary to saturate the hair completely. If the hair needs to be shampooed before treatment, use a shampoo without a conditioner. Conditioners can reduce the effectiveness of the medicated shampoo or rinse. The hair may be damp, but not soaked, before the treatment is applied. Following the treatment, a fine-tooth nit comb can be used to remove any remaining nits still stuck to the hair shafts. This treatment should be repeated in a week since there may be lice that hatch from eggs that weren't killed the first time. Generally, no more than two applications should be required.

Check your child daily during the week following initial treatment. If you see live lice within one to two days of the first treatment, retreat immediately with a different product. The presence of lice so soon after treatment may indicate a resistance of the lice to the active ingredient in the first product. Talk to your pharmacist about choosing another product. Recheck your child regularly for about a month and don't forget to do the second treatment in seven to 10 days.

Anyone in close contact to the child—family members, classmates, daycare contacts and fellow sports team members should be examined and treated if necessary. As a general rule, schools will allow the child to return to classes after the first treatment. If you are pregnant or you are concerned about possible infection of a child under two years of age, contact your family doctor before starting any treatment.

- Lesley Tempest, pharmacist, Calgary Co-operative Association Ltd.

*Do you have a question for our pharmacists? If so, please email your question to "askapharmacist@calgaryhealthregion.ca" or write to "Ask A Pharmacist", 10101 Southport Road S.W. Calgary, AB. T2W 3N2. Article submissions co-ordinated for publication by Curtis Ross, Pharmacy Manager, Calgary Co-operative Association Ltd.*

## Here is a breakdown of the three most common natural products used to treat arthritis. None of these is a "cure" for arthritis.

### Glucosamine

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Methylsulfonylmethane (MSM) is also known as DMSO. MSM is used for chronic pain, primarily

due to inflammatory causes. It is safe to use for short-term therapy, 30 days or less. There is not enough information available regarding safety for long term or topical use. The drug has been given glowing testimonials, but there is insufficient reliable clinical information regarding its effectiveness.

Patients should discuss use of all herbal/vitamin mineral supplements with their physician.



# Public Health with Dr. Brent Friesen



Photo by Paul Rotzinger

## Fighting the Flu

Protecting the vulnerable, monitoring patients and preparing for the worst helps keep influenza under control

**A**lthough older persons and individuals with pre-existing health problems are most at risk of becoming seriously ill from influenza infection, it can also be a serious infection in persons of all ages.

For older adults and individuals with chronic health problems, such as respiratory or heart disease, influenza can be life threatening and will often result in hospitalization. Studies have shown that vaccination of employees results in savings for those companies because of decreased health care costs and increased productivity.

Since it was formed in 1994, the Calgary Health Region has had a comprehensive program to reduce the impact of influenza. The program components include an annual influenza vaccination campaign to protect as many people as possible, a surveillance program to detect and monitor the number of people infected with influenza within the region and an outbreak control program to identify and stop the spread of the influenza virus in nursing homes and lodges.

Under the vaccination program, Alberta Health and Wellness provides vaccine free of charge to people of any age living in a nursing home, lodge or chronic care facility; to people 65 years of age and older; to adults and children with chronic conditions

such as heart disease, respiratory disease (i.e. asthma), cancer, and diabetes; to people who are HIV positive; pregnant women who are at high risk; all those living with persons at high risk; and health-care workers and other personnel in contact with those at high risk. There is no charge for the vaccine or its administration to these groups from community health clinics or physician offices.

In 2003, Alberta Health and Wellness expanded the free vaccine program to include family members of persons with chronic health problems. The reason why family members and health-care professionals are provided vaccine is not only to protect them but also to prevent them from becoming ill and serving as a source of infection to a vulnerable family member or to vulnerable patients and clients with whom they may come into contact.

The surveillance system looks at the occurrence of influenza-like illness in selected physicians' offices as well as the number of people presenting to Emergency Department sites and being hospitalized. School absenteeism of more than 10 per cent of

the students is also investigated. This surveillance system allows us to measure the impact that influenza is having in the community, as well as to identify the strains of influenza that are circulating. The information on the circulating strains of influenza is used in the development of influenza vaccine for the upcoming year. Information on influenza activity is shared nationally and internationally so that countries are aware of what is occurring globally.

In addition to the annual influenza program, the Calgary Health Region has been working with Alberta Health and Wellness and other health regions in the development of a pandemic influenza plan. Pandemic influenza refers to a global outbreak of a new strain of influenza virus where there is a very low level of natural protection in the population against the virus and large numbers of the population become ill.

The Calgary Health Region has been working with local municipalities to help prepare for such an event. The pandemic influenza plan deals with such issues as the provision of vaccine and anti-virals (medication to treat and prevent influenza) to people in the community. It also deals with how health services could be organized to deal with increased needs in the community. The plan looks at the establishment of assessment clinics in the community, possibly in locations such as community centres, along with the potential conversion of hotels and motels to hospital sites to care for people. The plan also looks at how volunteers and retired health-care workers could be recruited to assist in providing care to people.

The focus of the pandemic influenza plan is to reduce, as much as possible within available resources, the number of deaths that would occur over the two to three month period that a pandemic would run. The plan is also intended to reduce the amount of social and economic disruption that a pandemic influenza outbreak would cause. More information on how individuals, families and communities would come together in support of each other during a pandemic is being developed and will be available over the next few months. Information on the Alberta Health and Wellness pandemic influenza plan is available at [www.calgaryhealthregion.ca](http://www.calgaryhealthregion.ca) or [www.health.gov.ab.ca/healthier/diseases/pandemic/plan](http://www.health.gov.ab.ca/healthier/diseases/pandemic/plan)

*Dr. Brent Friesen is Medical Officer of Health for the Calgary Health Region.*





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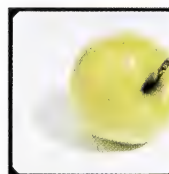
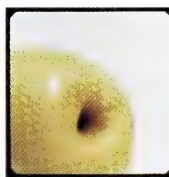
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# Staying Healthy with Rob Walker



Photo by Neil Kotzinger

## Taming teenage temptation

Work with your kids to make sure they don't light up

**T**he temptation to start smoking cigarettes can be strongest during adolescence, says St. Louis Children's Hospital in the U.S.

So if you have pre-teens at home, now's the time to steer them away from lighting up, says Dr. Brent Friesen, Calgary's Medical Officer of Health. He supports recently published suggestions from the hospital:

- Be a role model by not smoking.
- If you do smoke, discuss your struggle to quit

with your kids.

- Make sure your kids know where you stand on smoking and give reasons for your opinions.
- Remind them of the costs.
- Many kids smoke to relieve stress or to help deal with awkward situations. Teach them other ways to handle pressure.

But Dr. Friesen says it's important to have an environment to support not smoking as well. He cites as an example Victoria, where a comprehensive no-smoking bylaw since 1998 has reduced teen smoking rates to a level 30 per cent below those of teens in Calgary. Parents can help, too, by contacting provincial and city representatives

with calls for smoke-free public areas and work sites, Dr. Friesen adds.

## Vitamin D May Protect Against Rheumatoid Arthritis

There is new hope for people with rheumatoid arthritis, according to a study in the latest issue of the journal *Arthritis & Rheumatism*. And it comes with a greater intake of vitamin D.

Analyzing data from the Iowa Women's Health study, a large-scale research project begun in 1986, researchers looked at a sample of nearly 30,000 women, aged 55 to 69, who did not have rheumatoid arthritis (RA) at the study's start. The researchers followed the women for 11 years, asking them about eating habits, supplement use, smoking history and body mass index.

The greater the intake of vitamin D, the lower the risk of RA, an autoimmune disorder involving inflammation in the lining of the joints and sometimes other internal organs as well.

"For the Calgary population of about 1 million people, we estimate that there are 15,000 people with RA and approximately 500 to 1,000 new cases each year," says Calgary, rheumatologist Dr. Steven Edworthy.

In the Iowa study, women who took less than 200 international units (IUs) of vitamin D a day had a 33 per cent greater risk for developing RA compared with those who received more than 200 IUs daily," say the researchers. Four hundred international units of vitamin D a day are recommended, either from foods or supplements.

Exactly why vitamin D may guard against rheumatoid arthritis isn't known, say researchers, adding, "this is just another reason why you need to eat a healthy diet."

In Calgary, Dr. Edworthy says it's difficult to rule out the possibility that something else - a health behavior, a food substance, or some socioeconomic factor - is linked to the vitamin D intake leading to the apparent "protective effect" of vitamin D.

Vitamin D is extremely important for bone metabolism, and has a well-established role in preventing osteoporosis. However, this does not appear to be something affecting the immune disturbance in people with rheumatoid arthritis, Dr. Edworthy says.



## Don't let foul weather take the spring out of your step

Icy weather conditions can cool the enthusiasm for your daily run, but they don't have to take the spring out of your step, says The Road Runners Club of America and a Calgary Emergency Department doctor.

The Road Runners Club gives these tips for cold-weather running - which should also help when you play soccer, football or any other outdoor sport:

- Layer your clothes. Not only will warm air be trapped between the layers, but too much clothing can make you to sweat excessively, causing the body to lose heat rapidly and increasing the risk of hypothermia.
- Choose clothing with vents and zippers so you can let out excess heat if you need to.
- To protect against the wind, have a wind-resistant and breathable material as your outermost layer. The layer next to your skin should wick sweat away from your skin. If you're going to err, err on the side of under dressing. It's better to feel a little chilly in the beginning because your body temperature will rise to compensate during the workout.
- Start out running into the wind, with the wind behind you when you return.
- Wear gloves and a hat. If you get too hot, you can always take them off.
- Avoid icy roads or trails. If you run in snow, wear shoes with "nubs," which have better traction.
- Always drink plenty of water. Just because it's not hot and humid outside, you're still losing fluids.

"I would agree with all the suggestions from the running club, particularly the advice regarding fluid intake," says Calgary Emergency Department physician Dr. Rob Abernathy.

"I would suggest that once runners have completed their run they get out of the cold as quickly as possible to avoid getting hypothermic," he adds.

"You can cool down quickly due to sweating and clothing being wet. I would also suggest running with a partner in the cold weather and carry a cell phone so that if you do get injured you can get help before you become hypothermic."

*Rob Walker, owner of the Yoga Studio South, writes about health issues.*

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# Hormones after menopause

Who's responsible for sorting through the pros and cons of the raging debate surrounding hormone replacement therapy? You are

Somewhere between radical feminism and the male patriarchy must be a hiding place for all of us who just want to get through life with a minimum of political interference, especially in matters of our health.

For the most part, we are intelligent, well-educated, well-rounded women all of a certain age, all of us capable of making our own decisions. But whisper the letters HRT (hormone replacement therapy) and we are bombarded from all sides by special interest groups who would claim us for their own.

Radical feminism would have all of us sail naturally through The Change, taking on all the great insights and spirits of wise women, revelling in our official status as crones. What is their answer for the hot flashes, moods and sudden crying bouts? Roots and berries. Tree bark. Maybe a little chanting and drumming to take one's mind into a higher level.

Then there's the other side: Call it the patriarchy, because they are mostly men and drug companies, promoting a synthetic journey into old age, one where, if we're lucky, we will retain some of the appeal of younger women. The underlying message is simple: To preserve our attractiveness to men, we must take hormones when nature decides to strip us of our natural ones. This is the same kind of thinking that fuels the cosmetic and plastic surgery industry and causes normally sane women to spend upwards of \$100 on age-defying night cream.

But there's worse. That is to be caught, as today's women are, in the middle of a fight for authenticity and truth between two respected organizations - the Canadian Cancer Society and the Society of

Obstetricians and Gynecologists. In essence, the former says replacement hormones increase a woman's risk of cancer. The SOG says they are useful and HRT is safe and effective.

Lest one thinks this is a set-to affecting only a few Canadians, there are an estimated five million women over the age of 50. About 1.5 million post-menopausal women were taking replacement hormones before the Women's Health Initiative, a study that concluded women taking combination hormone therapy faced an increased risk of stroke, heart disease and breast cancer.

The WHI study was halted early when

**Stop listening to self-appointed experts. Make your own decisions; that's what strong adults do.**

researchers decided these risks were real. Women stopped taking HRT in the thousands, more terrified by the possibility of breast cancer - one of the really big fears of all women - than the debilitating side effects of menopause. The scare tactics worked, aided by media reports that didn't bother to relate the fine print in which were some interesting statistics about risk assessment: That a woman's increased risk of contracting breast cancer because of hormone use was 0.25 per cent. In other words, a risk of less than one per cent. (And by the way, HRT decreases the risk of colorectal cancer and hip fractures.)

I'm not advocating one choice or another. I can only make my own, based on how I feel, what I know and the best advice I can get. Yes, I take replacement hormones. I do so out of personal choice, as all women should do.

Perhaps I have a single advantage: I not only

have a family doctor I trust, I have an obstetrician/gynecologist sleeping on the other side of our shared bed. My own doctor doesn't exactly approve of my prolonged use of HRT. But I know about the risks, and she doesn't interfere with personal choice. Neither does my husband.

There are no right or wrong answers. What I choose does not mean it is right for all women. Nobody can make this decision but you. But first, investigate all the facts, not just those that weigh on one side of the debate or the other. Consider how you will keep your bones strong through a challenging old age. Consider your family history of cancer or heart diseases; consider especially your own mother and how she managed menopause. Read everything with an open mind. Most especially, listen to that tiny voice in your own head and heart that tells you what's right.

There is no conspiracy here, except the one in which society continues to collaborate, that of telling women who they should be, what they should do and how they should act. Stop listening to self-appointed experts. Make your own decisions; that's what strong adults do. I take hormones for the quality of life they deliver to me as an aging female. And that is reason enough for me.

Maybe one day I'll stop. But it will be me who makes that choice.

*Catherine Ford is a columnist with the Calgary Herald.*

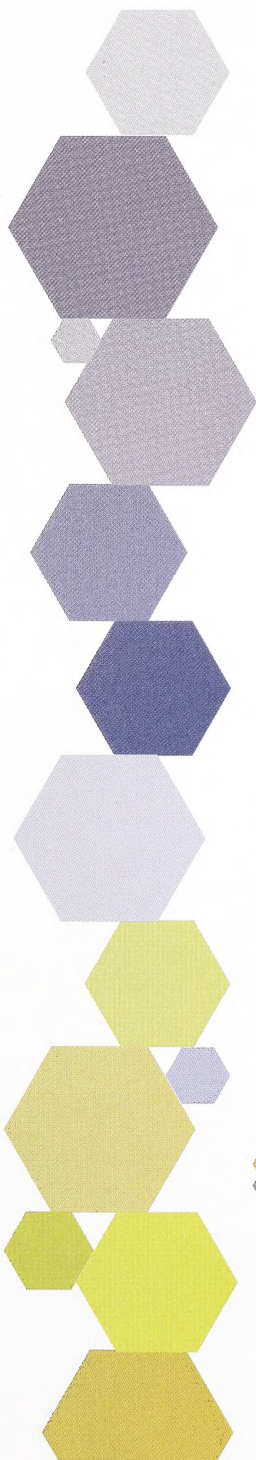
## Information about hormone replacement therapy:

Canadian Women's Health Network  
[www.cwhn.ca/resources/menopause/hrt-glance.html](http://www.cwhn.ca/resources/menopause/hrt-glance.html)  
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[/www.hc-sc.gc.ca/english/iyh/medical/estrogen.html](http://www.hc-sc.gc.ca/english/iyh/medical/estrogen.html)  
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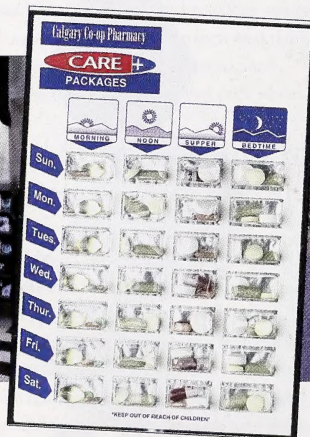




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